

# Tax Organizer for Tax Year 2015

**David Howard LPA Firm**

Licensed Public Accountant

Phone ( 712 ) 362-3583

Name : Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cell Phone: Taxpayer (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: Spouse (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Occupation : Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Filing Status: \_\_\_\_\_ Single \_\_\_\_\_ Married Filing Joint \_\_\_\_\_ Surviving Widow / Widower  
 \_\_\_\_\_ Married Filing Separately (Enter spouse's name/soc sec No above) \_\_\_\_\_ Unmarried Head of Household

Dependents (If same as 2014 just enter each child's name - we have B-day & SS #)	Birthdate	Social Security number *	Relationship	No. of Months lived in home during 2015
_____	____/____/____	____-____-____	_____	_____
_____	____/____/____	____-____-____	_____	_____
_____	____/____/____	____-____-____	_____	_____
_____	____/____/____	____-____-____	_____	_____

\* A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return

Members of your family attending college may be eligible for a Hope Scholarship or Lifetime Learning Credit \_\_\_\_\_ Number in college  
 ( Bring 1098-T - form that shows tuition and other related deductible fees. The college will mail these forms out in January 2016 )

Taxpayer: \_\_\_\_\_ 65 or over \_\_\_\_\_ Blind / Disabled Spouse: \_\_\_\_\_ 65 or over \_\_\_\_\_ Blind / Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information.

- YES NO**
- \_\_\_\_ \_\_\_\_ Did you receive any employer-provided educational assistance? \$ \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent? (Bring info)
  - \_\_\_\_ \_\_\_\_ Did you contribute to a Qualified State Tuition (529) Plan? \$ \_\_\_\_\_ What State? \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ If you are an educator, did you have unreimbursed work related expenses? Amount \$ \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ Do you or your spouse have any kind of pension, profit sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If so, circle which ones.
  - \_\_\_\_ \_\_\_\_ Did you withdraw IRA or Retirement funds during the year? If so, indicate the amounts? (Bring 1099-R forms)  
 Amount \$ \_\_\_\_\_ When : \_\_\_\_/\_\_\_\_/\_\_\_\_ Re-deposited : \$ \_\_\_\_\_ When : \_\_\_\_/\_\_\_\_/2014  
 Were the funds used to pay medical expenses? \_\_\_\_ Yes \_\_\_\_ No Amount of medical expenses \$ \_\_\_\_\_  
 Were the funds used to pay college expenses? \_\_\_\_ Yes \_\_\_\_ No Amount of college expenses \$ \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ Will you or did you contribute to an IRA/Retirement account for 2015? (Taxpayer) Amount \$ \_\_\_\_\_ Type \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ Will you or did you contribute to an IRA/Retirement account for 2015? (Spouse) Amount \$ \_\_\_\_\_ Type \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount \$ \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ If you are self-employed, did you pay long term care insurance for yourself and your family? Amount \$ \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ Did you purchase a new home in 2015? If you answered "YES" --> **BRING IN ALL YOUR PURCHASE PAPERS ON HOME.**
  - \_\_\_\_ \_\_\_\_ Did you have property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?
  - \_\_\_\_ \_\_\_\_ Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs? If yes, bring in detail.
  - \_\_\_\_ \_\_\_\_ Did you purchase alternative energy sources for your personal residence such as geothermal heat pumps? If yes, bring in detail.
  - \_\_\_\_ \_\_\_\_ Did you pay any public / private school registrations fees for kids in K-12 in 2015? If yes, how much? \$ \_\_\_\_\_
  - \_\_\_\_ \_\_\_\_ Did you have qualified health care coverage (ins) for every month of 2015 for all family members? If "NO" need detail on amount paid per family member for each month of '15 - and if you received a Health Ins form 1045-A, 1045-B or 1045-C bring to appointment

**Federal and State - Estimated Income Tax Payments - For 2015 Income Taxes**

	1st Quarter (April)		2nd Quarter (June)		3rd Quarter (October)		4th Quarter (Jan 2016)	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Federal								
State								

**Wage Income (Bring all W-2 forms)**

Employer's Name	(T)axpayer or (S)pouse	Gross	Federal W/H	Soc Sec	Medicare	State W/H

**Retirement Benefits Received (Include all 1099-R forms)**

Plan Type (I)IRA or (P)ension / Annuity

Payer's Name	(T)axpayer or (S)pouse	Taxable Amount	Fed W/H	State W/H	Plan Type ( I ) or ( P )

**Interest Income (include all 1099-Int forms)**

( For Seller Financed Mortgages list - Buyer's name, soc sec no. and address )

Payer's Name	(T)axpayer (S)pouse or (J)oint	Amount	Seller Financed Mortgage	Early With-drawal Penalty	Tax Exempt (Y)es or (N)o

**Dividend Income (include all 1099-Div forms)**

If you had any stock sales in 2015 - Bring all 1099-B forms

Payer's Name	(T)axpayer (S)pouse or (J)oint	Ordinary Dividend Amt	Capital Gains	Non - Taxable Amt	Other Amounts

**Other Benefits / Income Received (Includes Social Security - Unemployment & other income)**

	Social Security 1099-S	Unemployment	Alimony	Jury Duty Pay	State Tax Refunds	Other Income	Description
Taxpayer							
Spouse							

Do you have funds in foreign accounts?  Yes  No      Approximate amount \$ \_\_\_\_\_

**Fixed Assets Sold (Deprec Sched Items) (These are items that were on your depreciation schedule.)**

Description of Item	Date Sold	Sale Price	Estimated Cost	Date Purchased
	/ /15			
	/ /15			
	/ /15			
	/ /15			
	/ /15			
	/ /15			

**New Fixed Assets Purchased (These are new items that need to be added to your depreciation schedule)**

Description of Item	Date Purchased	List Price of new asset	Net - Boot Paid	If you traded in something Description of item traded in
	/ /15			
	/ /15			
	/ /15			
	/ /15			
	/ /15			
	/ /15			
	/ /15			
	/ /15			
	/ /15			
	/ /15			

**Rental Income ( Include any 1099's received ) (This is where Rental Property income and expenses are recorded)**

	Property A	Property B	Property C	Property D	Property E
Property Description					
Gross Rental Income					
Expenses					
Advertising					
Auto & Travel					
Cleaning & Maintenance					
Commissions					
Insurance					
Professional Fees					
Mortgage Interest					
Other Interest					
Repairs					
Supplies					
Real Estate Taxes					
Utilities					

**Business Income (Include any tax forms received)**

Business Name : \_\_\_\_\_  
Principal Product : \_\_\_\_\_  
Accounting Method: \_\_\_ Cash Basis \_\_\_ Accrual Basis

Gross Income	Amount
Gross Sales .....	_____
Less: Returns / Allowances .....	_____

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

**Deductions**

Advertising .....	_____
Auto - Truck Expense .....	_____
Bad Debts .....	_____
Commissions and Fees .....	_____
Contract Labor .....	_____
Professional Dues & Subscriptions .....	_____
Employee Benefit Programs .....	_____
Freight & Shipping .....	_____
Insurance .....	_____
Interest - Mortgage .....	_____
Interest - Other .....	_____
Legal & Professional Fees .....	_____
Office Expense .....	_____
Rent - Vehicles, Machinery or Equip .....	_____
Rent - Buildings and Grounds .....	_____
Repairs & Maintenance .....	_____
Supplies .....	_____
Taxes : Payroll .....	_____
Taxes : Real Estate .....	_____
Taxes: Licenses & Other .....	_____
Travel & Lodging Expenses .....	_____
Meals & Entertainment Exp (or Days Out) ..	_____
Utilities .....	_____
Wages .....	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Farm Income (Include any tax forms received)**

Farm Name : \_\_\_\_\_  
Principal Commodity : \_\_\_\_\_  
Accounting Method: \_\_\_ Cash Basis \_\_\_ Accrual Basis

Income ( Purchased Livestock & etc)	Amount
Sale price of purchased livestock .....	_____
Cost of purchased livestock sold .....	_____

**Sales of Raised Livestock & Commodities**

Enter "Breeding Livestock" on top of page 3 - Fixed Assets Sold

Corn .....	_____
Soybeans .....	_____
Cattle, Feeder Heifers & Calves (Raised) ....	_____
Feeders Pigs and Fat Hogs (Raised) .....	_____
Wheat, Oats, Hay & Straw .....	_____
Agricultural Program Payments .....	_____
CCC Loans (bring dates sealed & sold).....	_____
Crop Insurance Proceeds .....	_____
Custom Hire Income .....	_____
Patronage Dividends (bring 1099- Patr) .....	_____
Other .....	_____
Other .....	_____

**Deductions**

Breeding Fees .....	_____
Car & Truck Expenses .....	_____
Chemicals .....	_____
Conservation Expenses .....	_____
Custom / Machine Hire .....	_____
Employee Benefits (Base or Agri Plan) .....	_____
Feed Purchased .....	_____
Fertilizer & Lime .....	_____
Freight & Trucking .....	_____
Gas, Diesel Fuel & Oils .....	_____
Insurance .....	_____
Interest - Mortgage (on Land / Bldgs) .....	_____
Interest - Other .....	_____
Labor Hired .....	_____
Rent - Vehicles, Machinery or Equip .....	_____
Rent - Land or Buildings .....	_____
Repairs & Maintenance .....	_____
Seeds, Plants Purchased .....	_____
Storage & Warehousing .....	_____
Supplies .....	_____
Taxes .....	_____
Utilities .....	_____
Veterinary Fees & Medicine .....	_____
_____	_____
_____	_____
_____	_____

**Personal Itemized Deductions - Schedule A**

<b>Medical Expense</b>	<b>Amount</b>
Prescription Drugs .....	_____
Health (Medical) Insurance Premium .....	_____
Medicare Premium (withheld from your Soc Sec) .....	_____
Long Term Care Insurance Premium - Taxpayer ....	_____
Long Term Care Insurance Premium - Spouse .....	_____
Medicare Supplemental Insurance Prem - Taxpayer .	_____
Medicare Supplemental Insurance Prem - Spouse ...	_____
Less : Insurance reimbursements received .....	( _____ )
Doctors / Dentist / Chiropractors / Others .....	_____
Clinic / Lab Test / X-ray .....	_____
Hospital / Clinics .....	_____
Eyeglasses / Contact Lenses .....	_____
Hearing Aids .....	_____
Orthopedic Shoes / Braces / Medical Equip .....	_____
Medical Miles _____ X \$0.23	_____
Medical Lodging .....	_____
Medical (Health) Savings Acct (Amt put in 2015).....	_____
Other _____	_____

<b>Taxes</b>	<b>Amount</b>
Principal Residence - Property Taxes .....	_____
2nd Residence - Property Taxes .....	_____
<b>Auto License Plates / Tabs</b> .....	_____
State Income Tax - (Bal due prior year) .....	_____
Other _____	_____
<b>Sales Tax paid on Vehicle # 1</b>	_____
<b>Sales Tax paid on Vehicle # 2</b>	_____

<b>Charitable Contributions</b>	<b>Amount</b>
Name: _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>(Donations over \$250 require written receipts from Charity / Organization)</b>	
<b>Non - Cash Donations</b>	
Goodwill .....	_____
Other _____	_____
_____	_____
Miles driven for charitable purposes \$0.14 / mile)	_____
(This increases to \$0.39 for Iowa Returns)	_____

<b>Interest Paid (Bring 1098 forms for Mortgage Int Paid)</b>		
List lender or bank name	1098 Received	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Home Equity Loan</b>		
List lender or bank name	1098 Received	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Points Paid during year (Bring loan papers)</b>	
<b>Seller Financed Mortgage Interest Paid</b>	<b>Amount</b>
Individuals name, address and Soc Sec #	_____
1). _____	_____
_____	_____
2). _____	_____
_____	_____

<b>Investment Interest Paid (Provide details)</b>	<b>Amount</b>
_____	_____
_____	_____
_____	_____

**Student Loan Interest** T ) \_\_\_\_\_ S) \_\_\_\_\_

<b>Miscellaneous Deductions</b>	
Union & Professional Dues .....	_____
Professional Subscriptions .....	_____
Uniforms and Protective Clothing .....	_____
Job Search Costs .....	_____
Unreimbursed Employee Bus Expenses .....	_____
Other _____	_____
_____	_____
Tax Return Preparation Fees .....	_____
Safe Deposit Box Rental .....	_____
IRA (Retirement Acct) Custodial Fees .....	_____
Other _____	_____
Gambling Losses (Limited to Winnings) .....	_____
Other _____	_____
_____	_____

Travel Expense	Amount	Amount
Air Fares .....	_____	Other : _____
Auto Rentals .....	_____	_____
Parking Fees and Road Tolls .....	_____	_____
Meals & Entertainment .....	_____	_____
Lodging and Motels .....	_____	_____

Automobile Expense	Vehicle 1	Vehicle 2	Actual Expenses	Vehicle 1	Vehicle 2
Total Miles Driven			Gas & Oil .....		
Description of Vehicle .....			Insurance .....		
Personal Miles .....			Licenses .....		
Business Miles .....			Repairs .....		
Total Miles driven for year .....			Tires .....		
Business Use % .....					
Average Daily Commuting Miles .....					
Written Mileage Log Available .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

**Child Care Deductions** (Day care must be allocated between each child - estimate amounts or percentage for each child)

Daycare Provider's Name and Address ( Include Individual's Name or Business Name )	SS # or Fed ID #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you receive employer-provided dependent care benefits (cafeteria plan)?  Yes  No Amount \$ \_\_\_\_\_

**Sale of Personal Residence** (Attach copy of closing statement and 1099-S received)

( If home sold was principal residence for 2 or more years during the last 5 years a gain of \$250,000 is excludable by each seller )  
 ( If the gain is excludable, you do not need to spend hours looking for the information listed below - estimate amounts )

Date Old Residence Acquired/Purchased ..... / / Cost or Basis of Old Residence .....

Cost of Improvements (landscaping, driveway, roof, remodeling etc.) .....

Fixing Up Expenses (painting, repairs, etc ) to Prepare House for Sale .....

Date Old Residence Sold ..... / / Selling Price of Old Home .....

Expenses of Sale (commissions, legal fees, etc - Bring Closing Statements) .....

Was any part of residence rented or used for business ? (If Yes - bring any detail - if not at our office already ) .....

Was residence sold your principal place of residence for 2 of the last 5 years, ending on date of sale? .....

Date New Residence was Acquired (or construction began) ..... / /

If you are married, do you and/or your spouse meet the ownership and residence requirements? .....

Do you wish to designate your tax preparer (David W. Howard) to be contacted by the IRS in case any questions arise regarding your tax return?  Yes  No

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

\_\_\_\_\_ Please Sign \_\_\_\_\_ Date