FROM

2015 TAX ORGANIZER

TO

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

SCHEIDEL, SULLIVAN & LANNI CPA LLC

Business and Financial Advisors

Enclosed is your 2015 Individual Tax Organizer. Please take time to review your Organizer and the questions presented. When you return the signed Organizer, please include copies of all source documents (1099s, W-2s, K-1s, etc.) along with new information you believe to be important. It is not necessary that you re-enter information into the Organizer that is contained within your source documents. ***Due to the tightening of IRS regulations and preparer penalties, all charitable donations and unreimbursed business expenses need to be supported with appropriate documentation. We will ask you to sign a statement verifying these expenses if you do not bring in supporting documentation.***

Scheidel, Sullivan & Lanni, CPA LLC takes pride in preparing our clients' tax returns so they may file on a timely basis. However, in order to do, ***please get us your information as soon as possible***. Returning your completed Organizer and source documentation to us, even if you are missing information, will enable us to begin the process so we can finish your return in a more timely fashion rather than waiting for you to compile all of your information. ***If we do not receive complete information by April 1, 2016, we cannot guarantee filing your return by April 15th.***

As in the past, we will be providing you with a copy of your tax return on a CD but will provide a paper copy of your return if you request. We also will file your return electronically. Electronic filing is now the required filing method of the Federal and State governments. By law, we must receive a signed IRS Form 8879 before your return can be released, there are no exceptions.

Our accounting and tax services are offered through Scheidel, Sullivan & Lanni, CPA LLC, (www.sscpallc.com) and our financial planning, investment management and insurance services are offered through Sierra Financial Advisors, LLC (www.sierrafinancialadvisor.com). If you have any questions regarding any of these services or if there is something you would like to discuss, please feel free to call us at **(201) 236-2226** or discuss it with us during your tax meeting. We always look forward to hearing from our clients.

Our firm has an online "portal" – an electronic document management system. A copy of your return and source documents may be kept here. Instructions will be sent to you to help you access your documents.

We are also committed to assisting any friends or family that you feel could use our services. If there is anything we can do to help you, please ask! We hope that together we can make this tax filing season a great one.

Lastly, please remember that payment is due when services are rendered. We continue to accept checks but can also accept Mastercard, Visa and Discover.

Sincerely,

Scheidel, Sullivan & Lanni, CPA LLC

"Thank you For Your Continued Support and Recommendations"

145 N. Franklin Turnpike, Suite 303, Ramsey, NJ 07446 • (201) 236-2226 • Fax (201) 236-2227 • www.sscpallc.com

SCHEIDEL, SULLIVAN & LANNI CPA LLC
Business and Financial Advisors

January 8, 2016

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the tax services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

Upon receipt of this signed letter, we will prepare your 2015 federal, resident state and any nonresident income tax returns that you make us aware of from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will prepare the tax returns solely for filing with the Internal Revenue Service ("IRS") and state and local tax authorities. They are not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

If we do not receive your signed letter, however, you furnish us with the information necessary to begin preparation of your return, you will be considered to engage our firm and agree to abide by the terms of this engagement letter. However, we will not file any return without receiving this signed letter.

As a result, you agree to indemnify and hold our firm and any of its partners, principals, shareholders, officers, directors, members, employees, agents or assigns harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

You agree that you will not and are not entitled to rely on any advice unless it is provided in writing.

We will prepare your returns based on your filing status (single, married filing jointly, married filing separately, head of household or qualifying widow(er) with dependent child) as reflected in your income tax returns for last year. If your marital status has changed, you want to change your filing status, or you have questions about your filing status, please contact us immediately.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We may furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist us in keeping pertinent information from being overlooked.

If you provide our firm with copies of brokerage (or investment advisory) statements, we will use the information from these statements solely in connection with the preparation of your income tax returns. We will rely on the accuracy of the information provided in the statements and will not undertake any action to

verify this information. ***We will not monitor investment activity, provide investment advice, or supervise the action of the entity or individuals performing investment activities on your behalf. We recommend you review all brokerage (or investment advisory) statements promptly and carefully, and direct any questions regarding activities on your account to your broker (or investment advisor).***

You may also be responsible for reporting certain foreign taxes, as well as reporting of any foreign income or assets to United States regulatory agencies. Substantial penalties may be assessed for failure of such reporting. Consultation on these matters is outside the scope of this engagement.

You are responsible for the timely filing of your return and any penalties and interest for late filing, regardless of whether your return is filed electronically or on paper. Therefore, carefully review the copy of your income tax return when you receive it. After you have reviewed the return, you must provide us with a signed Form 8879, IRS e-file Signature Authorization indicating that you have reviewed the return and that, to the best of your knowledge, you feel it is correct. We cannot transmit the return to the taxing authorities until you have signed and we have received the authorization. Therefore, if you have not provided our firm with your signed authorization by April 15, 2016, we will request an extension for your return, even though it might already have been completed. We may also have to request an extension if we do not receive the information required to prepare your return from you in a timely manner.

In the event we request an extension for filing of your return, you will be responsible for ensuring that any payment due with the extension is timely sent to the appropriate taxing authorities. You will also be responsible for any additional costs our firm incurs arising from the extension preparation.

Unless you tell us otherwise, we will check the box on your tax return that authorizes your consent for the IRS to discuss your tax return with us. This authorization does not allow us to represent you before the IRS; it is for responding to IRS concerning any potential missing information, mathematical errors, return preparation questions, and /or obtaining return processing information from the IRS.

We now are required to electronically file all federal and state individual income tax returns. Please note that although electronic filing will require our firm (rather than you) to transmit your return to the taxing authorities, we will provide you with a copy of the income tax return on a CD disk for your review.

By your signature, you authorize us to transmit, update, and store information electronically and to transmit your information over the internet.

You should retain all the documents, receipts, canceled checks and other data that form the basis of income and deductions for at least seven years. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority.

Our engagement will be complete upon either 1) if your return is electronically filed, the filing and acceptance of your 2015 tax returns by the appropriate tax authorities or one year from the execution of this letter. As mentioned above you will be required to verify and sign a completed Form 8879, IRS e-file Signature Authorization before your returns can be filed electronically. 2) If your return is filed by mail, our services will be concluded upon the earlier of delivery to you of your 2015 tax returns for your review and filing with the appropriate taxing authorities or one year from the execution date of this letter.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services are not contingent on the results of these services but rather will be based upon the amount of time required and the difficulty of the matters addressed plus out-of-pocket expenses. ***All invoices are due and payable upon receipt of our invoice.*** We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our cost for collection, including attorneys' fees.

Our liability relating to the performance of the services rendered under this letter is limited solely to direct damage sustained by you. In no event shall we be liable for the consequential, special, incidental, or punitive loss, damage or expense caused to you or to any third party (including without limitation, lost profits, opportunity costs, etc.). Notwithstanding the foregoing, our maximum liability relating to services rendered under this letter (regardless of form of action, whether in contract, negligence or otherwise) shall be limited to the fees received by us for this engagement. The provisions set forth in this paragraph shall survive the completion of the engagement.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Scheidel, Sullivan & Lanni CPA LLC

ACCEPTED AND AGREED:

Taxpayer:_____ Spouse:_____

Print Name:_____ Print Name:_____

Date:_____ Date:_____

During 2015 we represent that I/we:

____ Owned foreign assets or had foreign bank accounts. (*May require additional filings*)

____ Did not own foreign assets or have foreign bank accounts.

SCHEIDEL, SULLIVAN & LANNI CPA LLC
145 N. FRANKLIN TURNPIKE, SUITE 303
RAMSEY, NEW JERSEY 07446

PRIVACY POLICY

Your privacy is important to us. At Scheidel, Sullivan & Lanni CPA LLC, we are committed to your privacy and retaining your trust. We respect your right to keep your personal information confidential and to avoid unwanted solicitations.

Please read this to learn how we handle your personal information.

Types of Information We Collect:

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization to prepare your personal income tax returns and provide personal financial planning to you.

Examples of Sources From Which We Collect Information:

- *CLIENT INTERVIEWS, TAX RETURN ORGANIZERS, FINANCIAL PLANNING ORGANIZERS, AND FINANCIAL HISTORY QUESTIONNAIRES.* To properly prepare your income tax return or provide financial planning services, we receive information from you to complete your tax return or financial plan. This information is collected from you in written form, by phone, on line, by mail and in personal interviews and consultations conducted by us, as well as by information we collect from others with your authorization.
- *TRANSACTION INFORMATION.* This is information about your transactions with us and includes information necessary for billing and payment for our income tax preparation and financial planning services, as well as all correspondence between you and us. Transaction information would also include your payment history with us, billing records and any collection effort engaged in by us for payment of services rendered to you.

Parties To Whom We Disclose Information:

We do not disclose any nonpublic personal information about our clients or former clients to our affiliates or to nonaffiliated third parties except as permitted by law, the Code of Professional Conduct or the New Jersey Society of Certified Public Accountants (NJSCPA) and Ethics Rulings of the American Institute of Certified Public Accountants (AICPA). Nonpublic personal information about you and our former clients may be disclosed to both our affiliates and nonaffiliated third parties as permitted by law, our Code of Professional Conduct, and Ethics Rulings of the AICPA, as follows:

1. Complying with a validly issued and enforceable subpoena or summons.
2. In the course of a review of our firm's practices under the New Jersey State Board of Accountancy authorization.
3. Initiating a complaint or responding to an inquiry made by the Professional Conduct Committee of the NJSCPA, the ethics division or trial board of the AICPA or duly constituted investigative or disciplinary body of another State CPA Society or Board of Accountancy.
4. A review of a professional practice in conjunction with a prospective purchase, sale, or merger of all or part of our practice, provided that we take appropriate precautions (for example, through a written confidentiality agreement) so the prospective purchaser does not disclose information obtained in the course of the review.
5. Participating in actual or threatened legal proceedings or alternative dispute resolution proceedings either initiated by or against us, provided we disclose only the information necessary to file, pursue, or defend against the lawsuit, and take reasonable precautions to ensure that the information disclosed does not become a matter of public record.
6. Providing information to affiliates of the firm and nonaffiliated third parties who perform services or functions for us pursuant to a contractual agreement which prohibits the third party or affiliate from disclosing or using the information other than for the purposes for which the information was disclosed: for example, using an outside service bureau to process clients' tax returns, or using a records-retention agency to store clients' records.

General Restrictions on Disclosure of Nonpublic Personal Information to Affiliates and Nonaffiliated Third Parties

As tax preparers, we are prohibited by Internal Revenue Code Section 7216 from disclosing your income tax return information without your consent, other than for the specific purpose of preparing, assisting in preparing or obtaining and providing services in connection with the preparation of an income tax return for you. Furthermore, as a member of the NJSCPA engaged in income tax preparation or financial planning, we are generally prohibited from disclosing confidential client information about you to affiliates and nonaffiliated third parties without your specific consent. (See exceptions under heading "Parties to whom we disclose information".)

Confidentiality and Security of Nonpublic Personal Information

We restrict access to nonpublic personal information about you to those employees and other parties who must use that information to provide services to you. Their right to further disclose and use the information is limited by our employee code of conduct (if applicable), applicable law, or Code of Professional Conduct and nondisclosure agreements where appropriate. We also maintain physical, electronic, and procedural safeguards in compliance with applicable laws and regulations to guard your nonpublic personal information.

SCHEIDEL, SULLIVAN & LANNI CPA LLC
Business and Financial Advisors

In March, 2010 President Obama signed the Affordable Care Act. One provision of the Act required that in 2014 all Americans must have qualified health insurance or face a "Shared Responsibility Payment". In addition, the Act allowed insurance providers and large employers a one-year delay in reporting the coverage in 2014 to both the IRS and to the Taxpayer.

This delay effectively rendered the Health Care penalty a voluntary oral reporting item for 2014 in many cases. In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit and or IRS inquiry, we require all individual taxpayers for 2014 to positively affirm the following items related to Health Care.

Please initial each item and sign the bottom of the affirmation.

	1. We have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C we received.
	2. We did not receive all Forms 1095-A because we have alternate government provided qualified health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of our household. **Enter N/A if not applicable.**
	3. We have qualified employer-provided health insurance for the entire year for our entire household.
	4. We have qualified other health insurance we purchased directly from an agent or insurance company for the entire year which covers our entre household.

In the event you do not have qualified health insurance for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household. In the absence of the completion of items 1-4 above or item 5 below, and the absence of your providing us with information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include it with your return.

Name	Period of Coverage	Insurer

Signature:	Signature:
Name (Printed):	Name (Printed):
Date:	Date:

Topic Index

2015

Questions (Page 1 of 5)

The following questions pertain to the 2015 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?	☐	☐
Are you married?	☐	☐
If Yes, do you and your spouse want to file separate returns?	☐	☐
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	☐	☐
Can you or your spouse be claimed as a dependent by another taxpayer?	☐	☐
Did you or your spouse serve in the military or were you or your spouse on active duty?	☐	☐
Have you or your spouse been a victim of identity theft and have you contacted the IRS?	☐	☐

If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse

Dependents:

Were there any changes in dependents from the prior year?	☐	☐
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	☐	☐
Do you have any children under age 18 with unearned income more than $1,050?	☐	☐
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than $1,050?	☐	☐
Did you adopt a child or begin adoption proceedings?	☐	☐
Are any of your dependents non-U.S. citizens or non-U.S. residents?	☐	☐

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?	☐	☐

If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.

Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?	☐	☐
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?	☐	☐
Did you apply for an exemption through the Marketplace?	☐	☐

If Yes, provide the Exemption Certificate Number. _____

Are any of your dependents required to file a tax return?	☐	☐

2015

Questions (Page 2 of 5)

2B

Healthcare (continued):

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	☐	☐
Were you eligible for employer-sponsored healthcare coverage?	☐	☐
If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	☐	☐
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA include all Forms 1099-SA.	☐	☐
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA include all Forms 1099-SA.	☐	☐
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.	☐	☐
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? _____	☐	☐
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered? _____	☐	☐
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	☐	☐

Education:

Did you or your spouse pay any student loan interest?	☐	☐
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	☐	☐
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q.	☐	☐
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	☐	☐

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than $5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of $10,000 or less.	☐	☐
Did you or your spouse incur any casualty or theft losses?	☐	☐
Did you or your spouse make any large purchases, such as motor vehicles and boats?	☐	☐
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	☐	☐
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	☐	☐
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. _____ Gallons _____ Type	☐	☐
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	☐	☐
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	☐	☐

2015

Questions (Page 3 of 5)

2C

Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	☐	☐
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	☐	☐
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	☐	☐
Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements.	☐	☐
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	☐	☐
Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.	☐	☐
Did you or your spouse close any open short sales?	☐	☐
Did you or your spouse sell any securities not reported on Form 1099-B?	☐	☐

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	☐	☐
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	☐	☐
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution?	☐	☐
Did you or your spouse retire or change jobs?	☐	☐
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). _____	☐	☐

Personal Residence:

Did your address change? If Yes, provide the new address.	☐	☐
If Yes, did you move to a different home because of a change in the location of your job?	☐	☐
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	☐	☐
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	☐	☐
Are your total mortgages on your first and/or second residence greater than $1,000,000? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	☐	☐
Did you or your spouse take out a home equity loan?	☐	☐
Did you or your spouse have an outstanding home equity loan at the end of the year? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	☐	☐
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	☐	☐
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.	☐	☐

2015

Questions (Page 4 of 5)

2D

Sale of Your Home:

	Yes	No
Did you sell your home?	☐	☐
Did you receive Form 1099-S? If Yes, include Form 1099-S.	☐	☐
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	☐	☐
Did you or your spouse ever rent out the property?	☐	☐
Did you or your spouse ever use any portion of the home for business purposes?	☐	☐
Have you or your spouse sold a principal residence within the last two years?	☐	☐

At the time of the sale, the residence was owned by the: ☐ Taxpayer ☐ Spouse ☐ Both

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of $14,000 to any individual?	☐	☐
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	☐	☐
Did you or your spouse make any gifts to a trust for any amount?	☐	☐
Do you or your spouse have a life insurance trust?	☐	☐
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	☐	☐
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	☐	☐

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	☐	☐
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	☐	☐
Did you or your spouse create or transfer money or property to a foreign trust?	☐	☐
Did you or your spouse own any foreign financial assets?	☐	☐

2015

Questions (Page 5 of 5)

2E

Miscellaneous:

	Yes	No
Did you or your spouse pay in excess of $1,000 in any quarter, or $1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	☐	☐
Did you or your spouse receive unreported tip income of $20 or more in any month?	☐	☐
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	☐	☐
Did you or your spouse engage in any bartering transactions?	☐	☐
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	☐	☐
Were you or your spouse a party to split-dollar life insurance policy?	☐	☐
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors or trustees die or move?	☐	☐
Have you or your spouse entered into any tax shelter(s) such as a reportable transaction(s) or IRS Listed Transaction(s) that would require reporting/disclosing on your tax return?	☐	☐

Additional state pages have been included at the back of the organizer and should be reviewed.

Personal Information

Taxpayer:

First Name and Initial | Last Name | Social Security Number

Occupation | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number | Issue Date (Mo/Da/Yr) | Expiration Date (Mo/Da/Yr) | State

Spouse:

First Name and Initial | Last Name | Social Security Number

Occupation | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number | Issue Date (Mo/Da/Yr) | Expiration Date (Mo/Da/Yr) | State

Contact Information:

Street Address | Apartment Number

City | State | ZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work Phone | Spouse Daytime/Work Phone

Taxpayer Evening/Home Phone | Spouse Evening/Home Phone

Taxpayer Foreign Phone | Spouse Foreign Phone

Taxpayer Cell Phone | Spouse Cell Phone

Taxpayer Fax Number | Spouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

	Yes	No
May the IRS or other taxing authority discuss the return with the preparer?		
Is the taxpayer claimed as a dependent on someone else's tax return?		

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you considered legally blind per IRS regulations?				
Do you want to contribute to the Presidential Election Campaign Fund?				
Are you a U.S. citizen or Green Card holder?				

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

2015

Dependents and Wages

3A

Dependent Information:

Did dependent have income over $4,000?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

If any of your dependents were a victim of identity theft and you have contacted the IRS, provide the identity protection PIN issued to you by the IRS.

Wages and Salaries:

Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local

Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return . . . . . ☐

Do not electronically file the state return(s) . . . . . ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	Yes	No
Taxpayer	☐	☐
Spouse	☐	☐

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN . . . . . _____

Spouse PIN . . . . . _____

2015

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2014, your account information may already be included below.

	Yes	No
Would you like any refunds owed to you directly deposited?	☐	☐
Would you like to pay any amount due on your *federal* return using electronic withdrawal?	☐	☐

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your *state* return(s) using electronic withdrawal?	☐	☐

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your *federal* return using electronic withdrawal?	☐	☐
Would you like to pay any estimated payments due for your *state* return(s) using electronically withdrawal, if available?	☐	☐

Name of bank or financial institution _____

Routing Transit Number (RTN) _____

Account number _____

Type of account: ☐ Checking ☐ Archer MSA Savings ☐ Traditional Savings ☐ Coverdell Ed. Savings ☐ IRA Savings ☐ HSA Savings ☐ myRA

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

	Yes	No
Would you like any refunds owed to you directly deposited?	☐	☐
Would you like to pay any amount due on your *federal* return using electronic withdrawal?	☐	☐

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your *state* return(s) using electronic withdrawal?	☐	☐

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your *federal* return using electronic withdrawal?	☐	☐
Would you like to pay any estimated payments due for your *state* return(s) using electronically withdrawal, if available?	☐	☐

Name of bank or financial institution _____

Routing Transit Number (RTN) _____

Account number _____

Type of account: ☐ Checking ☐ Archer MSA Savings ☐ Traditional Savings ☐ Coverdell Ed. Savings ☐ IRA Savings ☐ HSA Savings ☐ myRA

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

2015

Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2014 Interest Amount
	Total					

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2015 Interest Amount	2014 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

2015

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

	TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
		Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Code	Tax-Exempt Interest	2014 Gross Dividends Amount
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
	Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

2015

Business Income and Cost of Goods Sold

6

Name of Business: _____

Principal Business or Profession: _____

TSJ ____

Employer ID number _____

Street address _____

City, state, ZIP or postal code, and country _____

Method of inventory _____

Method of accounting _____

Business Questions for 2015:

	Yes	No
Did you dispose of this business?		
If Yes, what was the disposition date? (Mo/Da/Yr) _____		
Was there a change in determining quantities, costs or valuations between opening and closing inventory?		
Were you involved in the operations of this business on a regular, continuous and substantial basis?		
Have you prepared or will you prepare all required Forms 1099?		

	2015 Amount	2014 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2015 Amount	2014 Amount

Miscellaneous income: Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales

Less returns and allowances

Cost of Goods Sold:

	2015 Amount	2014 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other costs of goods sold:

Description	2015 Amount	2014 Amount

Ending inventory

2015

Business Expenses and Property & Equipment

6A

Name of Business: _____

Principal Business or Profession: _____

Expenses:

	2015 Amount	2014 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2015 Amount	2014 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

2015

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2015:

	Yes	No
Do you have evidence to support your deduction?	☐	☐
If Yes, is the evidence written?	☐	☐
Do you have evidence to support the business use percentage claimed on listed property?	☐	☐
If Yes, is the evidence written?	☐	☐

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	☐	☐
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	☐	☐
Do you treat all use of vehicles by employees as personal use?	☐	☐
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	☐	☐
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	☐	☐

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	☐ Yes ☐ No	☐ Yes ☐ No
Was your vehicle available for use during off-duty hours?	☐ Yes ☐ No	☐ Yes ☐ No

Mileage:

	Vehicle 1 2015 Miles	Vehicle 1 2014 Miles	Vehicle 2 2015 Miles	Vehicle 2 2014 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2015 Amount	Vehicle 1 2014 Amount	Vehicle 2 2015 Amount	Vehicle 2 2014 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

2015

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Debts that became uncollectible		
Securities that became worthless		
Sale of any property where you will receive payments in future years		

	TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A					
B					
C					
D					
E					
F					
G					
H					

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2015 Principal Received	2014 Principal Received

Worksheets: Gains and Losses > Stocks, Securities and Other Non-Passive Transactions and Installment Sales > General and Schedule of Receipts / Collections

Forms D-1, D-5 and D-6

2015

Sale of Your Home and Moving Expenses

8

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ . . . . . ____

Date acquired . . . . . (Mo/Da/Yr) _____

Date sold . . . . . (Mo/Da/Yr) _____

Selling price . . . . . [ ]

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? . . . . . ☐ Yes ☐ No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? . . . . . ☐ Yes ☐ No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ . . . . . ____

Were the moving expenses reimbursed by your employer? . . . . . ☐ Yes ☐ No

Enter reimbursements not included in wages on your Form W-2 . . . . . [ ]

Mileage:

	Miles
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Number of automobile miles in move	

Transportation Expenses:

	Amount
Costs of transportation of household goods and personal effects	
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	

2015

Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA):

TS . . . . . ____

IRA Questions for 2015:

	Yes	No
Are you covered by an employer's retirement plan?		
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		
Did you use any IRA as security for a loan this year?		
Did you have any transactions with any IRA during the year?		

If Yes, explain. _____

IRA Values, Rollovers, and Distributions: **Include copies of all Forms 1099-R**

Total value of all traditional IRAs on December 31, 2015	
Outstanding rollovers on December 31, 2015	
Total distributions converted to Roth IRAs	
Total retirement plans converted to Roth IRAs	

Contributions: **Include copies of all Forms 5498**

IRA:

Contributions in 2015 for the 2015 tax return	
Contributions in 2016 for the 2015 tax return	
Amount for 2015 you choose to be treated as nondeductible	

Roth IRA:

Contributions made for the 2015 tax year	

Distributions: Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2015 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2014 Gross Distributions

2015

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2015 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2014 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

	Taxpayer		Spouse	
	Yes	No	Yes	No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?				
Do you want to contribute the maximum amount allowed?				

Contributions to:	2015 Amount	2015 Amount
Simplified employee pension plan		
Defined benefit plan		
Defined contribution plan		
SIMPLE plan		

2015

Rental and Royalty Income

10

Location of Property: _____

TSJ . . . . . ___

Type of property . . . _____

Have you prepared or will you prepare all required Forms 1099? . . . . . Yes ☐ No ☐

	2015	2014
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		

Income:

	2015 Amount	2014 Amount
Rents received		
Royalties received		

Payment card and third party transactions: Include all Forms 1099-K

Description	2015 Amount	2014 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other income:

Description	2015 Amount	2014 Amount

Worksheet: Rent and Royalty > General and Income, Other Income > Payment and Third Party Transactions and Miscellaneous Income

Forms E-1 and E-2

2015

Rental and Royalty Expenses

10A

Location of Property: _____

Expenses:

	2015 Amount	2014 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		

Other Expenses:

Description	2015 Amount	2014 Amount

2015

Partnership, S Corporation, Estate, Trust and REMIC Income

11

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number

Worksheets: Fiduciary Passthrough, Fiduciary Passthrough (A), Partnership Passthrough, Large Partnership Passthrough, S Corporation Passthrough and Other Passthrough

Forms K-1 through K-12, IRS-K1 1065, IRS-K1 1120S and IRS-K1 1041

2015

Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2015				
Social security benefits received				
Social security benefits repaid in 2015				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2015				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2015 Amount	2014 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2015 Amount	2014 Amount

Worksheets: Other Income > Miscellaneous Income, Social Security Benefit Statement, Certain Government Payments, Miscellaneous, Refunds of State and Local Income Taxes and Alimony Received and Other Adjustments > Alimony Paid

Forms M-1, M-2, M-3, IRS-1099G, IRS-1099MISC and IRS-SSA 1099

2015

Miscellaneous Adjustments

13A

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2015 Amount	2014 Amount

Health Savings Accounts (HSAs)

TS	Description	2015 Amount	2014 Amount
	Contributions made for 2015		
	Distributions received from all HSAs in 2015		

	Yes	No
What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family		
Were any HSA contributions listed above also shown on your Form W-2?		
Were all distributions from your HSA for unreimbursed medical expenses?		
Did you or your spouse enroll in Medicare?		

If Yes, what month did you enroll? _____

What month did your spouse enroll? _____

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2015 Amount	2014 Amount

2015

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

	TSJ	2015 Amount	2014 Amount
Prescription medicines and drugs			
Total medical insurance premiums paid *			
Long-term care expenses			
Total insurance reimbursement			
Number of miles traveled for medical care			
Lodging			
Doctors, dentists, etc.			
Hospitals			
Lab fees			
Eyeglasses and contacts			

	2015 Amount	2014 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2015 Amount	2014 Amount

Taxes Paid: Include copies of your tax bills

	TSJ	2015 Amount	2014 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2015 Amount	2014 Amount

Other Taxes Paid:

TSJ	Description	2015 Amount	2014 Amount

If you purchased or sold your home in 2015, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No

2015

Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2015:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?		
Did you refinance your home? (If Yes, enclose the closing statement.)		
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?		
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?		
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?		

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2015 Amount	2014 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2015 Amount	2014 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2015 Amount	2014 Amount

Worksheet: Itemized Deductions > Home Mortgage Interest Paid to a Financial Institution and Deductible Points, Other Home Mortgage Interest Paid, Investment Interest Expense Deduction and Mortgage Insurance Premiums Forms A-3, A-4 and 1098MIS

2015

Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than $500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2015 Amount	2014 Amount

TSJ	Conservation Real Property	2015 Amount	2014 Amount
	100% limit		
	50% limit		

TSJ	Description	2015 Miles	2014 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling $500 or Less: Include all documentation.

TSJ	Description of Donated Property	2015 Amount	2014 Amount

Noncash Contributions Totaling More Than $500: Include all Forms 1098-C or other documentation.

TSJ . . . . . ____

Description of the donated property . . . . . _____

Donee organization name . . . . . _____

Donee organization address . . . . . _____

Date the property was acquired by the taxpayer . . (Mo/Da/Yr) _____

Date the property was donated . . . . . (Mo/Da/Yr) _____

Cost or basis of the donated property . . . . . _____

Fair market value of the donated property . . . . . _____

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of $5,000 of similar property will require an appraisal (does not apply to marketable securities)

☐ Appraisal ☐ Thrift shop value ☐ Catalog ☐ Comparable sale

Other - please explain . . . . . _____

Which of the following describes how this donated property was acquired?

☐ Purchase ☐ Gift ☐ Inheritance ☐ Exchange

2015

Itemized Deductions - Miscellaneous

16

Miscellaneous Itemized Deductions:

	TSJ	2015 Amount	2014 Amount
Union and professional dues			
Tax preparation fee			
Professional subscriptions			
Hobby expense (To extent of income)			
Safe deposit box			
Uniforms and protective clothing			
Work tools			
Gambling losses			
Estate taxes			

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2015 Amount	2014 Amount

Casualty or Theft Loss:

TSJ ____

Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use ☐ Business use ☐ Income producing ☐ Employee Use ☐ Personal use due to Hurricane Katrina

☐ Personal use attributable to a federally declared disaster between 2007 and 2009 ☐ Personal use attributable to Midwestern disaster area ☐ Personal use attributable to Kansas disaster area

☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement

2015

Employee Business Expenses

17

TS: ____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent** **Include all documentation**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A . . . . . %

	2015 Amount	2014 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2015 Amount	2014 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2015 Amount	2014 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? . . . . ☐ Yes ☐ No

Vehicle: **Include all documentation**

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A . . . . . %

Description of vehicle . . . . . _____

Date vehicle was placed in service . . . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? . . . . . ☐ Yes ☐ No

Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☐ No

	2015	2014
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2015 Amount	2014 Amount

2015

Federal Tax Payments

20

Refund Application:

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

Refunded	☐ Yes	☐ No
Applied to your 2016 estimated tax liability	☐ Yes	☐ No

Federal Estimated Tax Payments:

		Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2015 1st Quarter Estimate	(Due 04-15-2015)			
2015 2nd Quarter Estimate	(Due 06-15-2015)			
2015 3rd Quarter Estimate	(Due 09-15-2015)			
2015 4th Quarter Estimate	(Due 01-15-2016)			

2014 overpayment applied to 2015 estimate . . . . . ☐

Tax Planning Information for Tax Year 2016:

Do you expect any of the following to occur in 2016?

	Yes	No
A change in your marital status	☐	☐
A change in the number of your dependents	☐	☐
A substantial change in your income	☐	☐
A substantial change in your withholding	☐	☐
A substantial change in deductions	☐	☐

If you answered Yes to any of the above questions, provide details.

State and City Tax Payments

State and City Estimated Tax Payments:

TSJ ___
State/City ___

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2015 1st Quarter Estimate			
2015 2nd Quarter Estimate			
2015 3rd Quarter Estimate			
2015 4th Quarter Estimate			

If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax liability? ☐ Yes ☐ No

2014 overpayment applied to 2015 estimate ☐
Balance of prior year(s)' tax paid in 2015 plus amount paid with 2014 extensions ☐
Estimated tax payments for 2014 paid in 2015 ☐

State and City Estimated Tax Payments:

TSJ ___
State/City ___

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2015 1st Quarter Estimate			
2015 2nd Quarter Estimate			
2015 3rd Quarter Estimate			
2015 4th Quarter Estimate			

If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax liability? ☐ Yes ☐ No

2014 overpayment applied to 2015 estimate ☐
Balance of prior year(s)' tax paid in 2015 plus amount paid with 2014 extensions ☐
Estimated tax payments for 2014 paid in 2015 ☐

State and City Estimated Tax Payments:

TSJ ___
State/City ___

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2015 1st Quarter Estimate			
2015 2nd Quarter Estimate			
2015 3rd Quarter Estimate			
2015 4th Quarter Estimate			

If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax liability? ☐ Yes ☐ No

2014 overpayment applied to 2015 estimate ☐
Balance of prior year(s)' tax paid in 2015 plus amount paid with 2014 extensions ☐
Estimated tax payments for 2014 paid in 2015 ☐

2015

Foreign Taxes

32

Country of residence: _____

Foreign Taxes Paid or Accrued:

TS	Country Name	Income Type (Dividends, Rents, Etc.)	Is Tax Accrued?	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (In Foreign Currency)	Tax Amount (In U.S. Dollars)

Prior Year Foreign Taxes Paid in the Current Year:

Year	Date Paid (Mo/Da/Yr)	Amount

Enter Any Additional Foreign Tax Information:

2015

Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift . . . . . _____

Name of the trustee . . . . . _____

Address of the trustee . . . . . _____

Trust identification number . . . . . _____

Name of the beneficiary of the trust . . . . . _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) . . . . . _____

Age of the beneficiary . . . . . ____

Date(s) of gift(s) . . . . . (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., $14,000 in cash or 500 shares of ABC stock) . . . . . _____

Cost basis of assets gifted if other than cash . . . . . [ ]

Value of assets gifted if other than cash . . . . . [ ]

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

_____

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.

2015

Detail Depreciation

DP

Business or Activity: _____

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

2015

New Jersey Information (Page 1 of 2)

General Information:

County or municipality of residence . . . . . _____

How many dependents do you have attending college? . . . . . _____

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify as disabled?				

Enter the amount of Internet or out of state purchases for which you did not pay sales tax . . . . . _____

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in New Jersey for all of 2015, enter the dates you did live in New Jersey		
Enter the state names other than New Jersey where you had income		

Voluntary Contributions:

Enter the amount you wish to contribute on your 2015 tax return to:

Endangered and Nongame Species of Wildlife Conservation Fund . . . . . _____

Children's Trust Fund . . . . . _____

Breast Cancer Research Fund . . . . . _____

Vietnam Veterans' Memorial Fund . . . . . _____

USS New Jersey Educational Museum Fund . . . . . _____

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2015 tax return:

Fund . . . . . _____

Amount . . . . . _____

Other contribution funds:

Drug Abuse Education Fund	Cat and Dog Spay/Neuter Fund
Korean Veterans' Memorial Fund	New Jersey Lung Cancer Research Fund
Organ and Tissue Donor Awareness Education Fund	Boys and Girls Club in New Jersey Fund
NJ - AIDS Services Fund	New Jersey National Guard Fund
Literacy Volunteers of America - New Jersey	American Red Cross - NJ Fund
New Jersey Prostate Cancer Research Fund	Girl Scouts Councils in New Jersey Fund
World Trade Center Scholarship Fund	New Jersey Homeless Veterans Fund
New Jersey Veterans Haven Support Fund	Leukemia and Lymphoma Society Fund
Community Food Pantry Fund	Northern New Jersey Veterans Memorial Cemetery Development Fund
New Jersey Farm to School and School Garden Fund	
ALS Association Support Fund	Local Library Support Fund

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you want $1 to go to the Gubernatorial Election Fund?				

Property Tax Reimbursement Application Information:

Property tax paid on principal residence . . . . . _____

Rent paid on principal residence . . . . . _____

2015

New Jersey Information (Page 2 of 2)

Enter Any Additional New Jersey Information:

2015

New York Information (Page 1 of 2)

General Information:

Resident county . . . . . _____

School district name . . . . . _____

School district code number . . . . . _____

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? . . . . . ☐ Yes ☐ No

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY . . . . . _____

Did you receive a property tax freeze credit? . . . . . ☐ Yes ☐ No

If Yes, enter the amount . . . . . _____

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? . . . . . ☐ Yes ☐ No

Permanent Home Address if Different from Mailing Address:

Street . . . . . _____

Apartment number . . . . . _____

City . . . . . _____ ZIP code . . . _____

Foreign country . . . . . _____

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in New York state for all of 2015, enter the dates you did live in New York		

If you were not a resident of New York state for any of 2015, enter the number of days spent in the state . . _____

Were you a part-year resident and received New York State income during nonresidency period? . . . . . ☐ Yes ☐ No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse . . . . . _____

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

_____

_____

Do you still maintain these living quarters in New York? . . . . . ☐ Yes ☐ No

Were New York State living quarters maintained for the entire year? . . . . . ☐ Yes ☐ No

Were you a New York City resident for only part of the taxable year? . . . . . ☐ Yes ☐ No

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If Yes, enter the dates you did live in New York City		

Were you a Yonkers resident for only part of the taxable year? . . . . . ☐ Yes ☐ No

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If Yes, enter the dates you did live in Yonkers		

Did you live in a nursing home during 2015? . . . . . ☐ Yes ☐ No

Did you reside in public housing or other residence completely exempted from real property taxes in 2015? . . ☐ Yes ☐ No

2015

New York Information (Page 2 of 2)

Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account? . . . . . Yes ☐ No ☐

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2015 Amount Contributed

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2015 tax return to:

Return a Gift to Wildlife . . . . .

Missing/Exploited Children Fund . . . . .

Breast Cancer Research Fund . . . . .

Alzheimer's Fund . . . . .

Olympic Fund ($2 or $4 if filing jointly) . . . . .

Prostate Cancer Research Fund . . . . .

9/11 Memorial Fund . . . . .

Volunteer Firefighting & EMS Recruitment Fund . . . . .

Teen Health Education . . . . .

Veterans Remembrance . . . . .

Homeless Veterans . . . . .

Enter Any Additional New York Information:

2015

New York - Worksheet

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

	Job #1	Job #2
	T/S ____	T/S ____
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked)		
Holidays (not worked)		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home		
Select state/city: NY, Yonkers or NY/Yonkers		

	Job #3	Job #4
	T/S ____	T/S ____
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked)		
Holidays (not worked)		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home		
Select state/city: NY, Yonkers or NY/Yonkers		

2015

New York City UBT Information

Unincorporated Business Tax (UBT) General Information:

Business name . . . . . _____

Street address . . . . . _____

City and state . . . . . _____

ZIP code . . . . . _____

Nature of business or profession . . . . . _____

Business telephone number (including area code) . . . . . _____

Federal identification number . . . . . _____

New York State sales tax identification number . . . . . _____

Business email address . . . . . _____

	Yes	No
Did you file a 2013 New York City Unincorporated Business Tax return?	☐	☐
Did you file a 2014 New York City Unincorporated Business Tax return?	☐	☐

If you did not file prior year(s) New York City Unincorporated Business Tax return(s), state reason:

_____

Date business began . . . . . (Mo/Da/Yr) _____

If business terminated during 2015, enter the termination date . . . . . (Mo/Da/Yr) _____

	Yes	No
If business was carried on both inside and outside New York City, was any place of business in your home?	☐	☐

Enter Any Additional New York City (UBT) Information: