

Personal and Dependent Information

Name:

SSN:

Personal Information

Name		SSN	Date of Birth	Occupation	Healthcare coverage ALL year
Taxpayer					
Spouse					
Daytime Phone		Evening Phone	Cell Phone	Email	
Taxpayer					
Spouse					
Street address, city, state, and ZIP					

Marital Status at end of 2015

- Married
- Married filing separately
- Single
- Widow(er), Date of Spouse's Death _____

Taxpayer

- Yes No
- Yes No
- Yes No
- Yes No

Spouse

- Yes No You are blind?
- Yes No You are disabled?
- Yes No You are a full-time student
- Yes No You want \$3 to go to the Presidential Election Camp Fund?

Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Required to file a return	Healthcare coverage ALL year

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Appointment Information & Notes

Your 2015 appointment is scheduled for _____

Notes

** Indicates an associated detail worksheet

Income

Name:

SSN:

Wages & Salaries Attach all copies of Form W-2			Form 1099-Misc Income Attach all copies of Form 1099-MISC (* Also reported on Schedule C or E)		
Employer name	2015 federal wages	2014 federal wages	Payer name	2015 amount	2014 amount

Interest Income Attach all copies of Form 1099-INT, 1099-OID and other statements that report interest income			Retirement Attach all copies of Form 1099-R		
Payer name	2015 interest	2014 interest	Payer name	2015 distribution	2014 distribution

If any interest income listed above is from a seller-financed mortgage, please provide the payer's ID number and address

Dividend Income Provide all copies of Form 1099-DIV & other statements that report dividend income				
Payer name	2015 ordinary dividends	2014 ordinary dividends	2015 qualified dividends	2014 qualified dividends

Sale of Capital Assets (Not reported on Form 1099-B) Also provide all brokerage statements				
Description of property	Date purchased	Date sold	Cost	Sales price

** Indicates an associated detail worksheet

Other Income and Adjustments

Name: _____

SSN: _____

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN	Entity Name	EIN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Income

	2015 Taxpayer	2014 Taxpayer	2015 Spouse	2014 Spouse
Scholarships or grants not reported on W-2	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2015	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____

Adjustments

	2015 Taxpayer	2014 Taxpayer	2015 Spouse	2014 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid				
Name: _____ SSN: _____	_____	_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Contributions made to a Roth IRA	_____	_____	_____	_____
Contributions made to a myRA	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

** Indicates an associated detail worksheet

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

	2015	2014
Health insurance premiums (paid by you) _____		
Long-term care premiums (you) _____		
Long-term care premiums (your spouse) _____		
Long-term care premiums (dependents) _____		
Mileage driven for medical purposes . . . _____		
Medical and dental expenses (list) _____		

Charitable Contributions

	2015	2014
Donations to charity (cash) _____		
Miles driven for charitable purposes _____		
Donations to charity (noncash) . . . _____		
If noncash donations are greater than \$500, list below.		

Job Expenses & Certain Misc. Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

Tax preparation fees _____		
Other nonpersonal expenses related to taxable income (list)		

Taxes Paid

State and local income taxes _____		
Sales tax _____		
Real estate taxes _____		
Personal property taxes _____		
Other taxes (list)		

Interest paid

Mortgage interest paid (attach Form 1098) _____		
Mortgage interest paid to an individual		
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Qualified mortgage insurance premiums _____		
Investment interest _____		

Other Misc. Deductions

Amortizable bond premiums . . . _____		
Federal estate tax _____		
Gambling losses _____		
Impairment-related work expenses . . . _____		
Claim repayments _____		
Unrecovered pension investments . . . _____		
Schedule K-1 _____		
Ordinary loss debt instrument . . . _____		

** Indicates an associated detail worksheet

