Personal Information Taxpayer Spouse Daytime Phone Ever Taxpayer Spouse Street address, city, state, and ZIP Marital Status at end of 2015 Married filing separately Single Widow(er), Date of Spouse's Death Dependent Information First and last name Child and Other Dependent Company of the provider of the provid			Phone Taxpa Yes Yes Yes Yes Rela	No No No	SSN [hs Data a	No Y	You are be You are a You want Presiden	disabled? a full-time t \$3 to go atial Elect	e student o to the tion Cam	t red Head le co	ealthcare overage LL year ealthcare overage LL year
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our 2015 appointment is scrieduled	for											
- Notes												
* Indicates an associated detail work												

Maria		Inc	ome		001	
Wages & Salaries Attach all copies of Form W-2			Form 1099-Mis Attach all copies of		SSN:	
Francisco de la companya de la compa	2015 federal	2014 federal	Davies		2015	2014
Employer name	wages	wages	Payer_	name	amount	amount
Interest Income Attach all copies of Form 1099-INT, 10	099-OID and other	statements that	Retirement Attach all copies of	Form 1099-R		
report interest income	2015	2014			2015	2014
Payer name	interest	interest	Payer na	ame	distribution	distribution
please provide the payer's ID number Dividend Income Provide all copies of Form 1099-DIV 8 Payer	& other statements	that report dividen	d income 2015 ordinary dividends	2014 ordinary dividends	2015 qualified dividends	2014 qualified dividends
					-	
Sale of Capital Assets (Not re	ported on Form	1099-B)				
Also provide all brokerage statements)	•	Date	Date		Sales
Description of p	property		purchased	sold	Cost	price
			_			
** Indicates an associated detail work:	sneet					

Other Income and Adjustments

Name: SSN:						
Partnerships, S corporations, Estates and Trusts Provide all copies of Schedule K-1 and attachments						
Entity Name EIN	En	tity 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						
Jnemployment compensation (attach Forms 1099-G) · · · · · · · · · · ·						
Inemployment compensation repaid in 2015						
ocial 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						
Educator expenses (If you are an educator, enter the amount you paid for	2015 Taxpayer	2014 Taxpayer	2015 Spouse	2014 Spouse		
classroom supplies)						
Contributions made to a Health Savings Account (HSA)						
Contributions made to a Self-Employed Pension plan (SEP) · · · · · · · · · · · · · · · · · · ·						
limony paid						
Name: SSN:						
Name: SSN:						
ontributions made to an Individual Retirement Account (IRA)						
contributions made to a Roth IRA · · · · · · · · · · · · · · · · · · ·						
Contributions made to a myRA						
nterest paid on a student loan						
Other adjustments:						

Schedule A - Itemized Deductions

Name:				SSN:	
Medical and Dental Expenses	2015	2014	Charitable Contributions	2015	2014
Health insurance premiums (paid by you) _			Donations to charity (cash) · · · ·		
ong-term care premiums (you)			Miles driven for charitable purposes		
ong-term care premiums (your spouse)			Donations to charity (noncash)		
ong-term care premiums (dependents)			If noncash donations are greater tha	n \$500, list belov	I.
Mileage driven for medical purposes • • _					
Medical and dental expenses (list) • • • _					
			Job Expenses & Certain Misc		
			Necessary job expenses you paid that employer (list)	were not reimbu	rsea by your
Taxes Paid					
State and local income taxes					
Sales tax • • • • • • • • • • • • • • • • • • •					
Real estate taxes • • • • • • • • _			Tax preparation fees		
Personal property taxes • • • • • _			Other nonpersonal expenses related to	o taxable income	(list)
Other taxes (list)					
Interest paid					
Mortgage interest paid (attach Form 1098)			Other Misc. Deductions		
Mortgage interest paid to an individual			Amortizable bond premiums • •		
Paid to:			Federal estate tax		
Name			Gambling losses		
Address			Impairment-related work expenses •		
City, State, ZIP			Claim repayments		
SSN or EIN			Unrecovered pension investments		
			Schedule K-1		
Qualified mortgage insurance premiums			Ordinary loss debt instrument		
Qualified mortgage insurance premiums _ nvestment interest					

	Healt	hCare Coverage Ques	stionnaire	
Name:				SSN:
HealthCare Information				
Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all	
YES NO Did anyone other tha	n you or your s	oouse pay for healthcare coveraç	ge for anyone listed above?	
YES NO Did you pay for healt	hcare coverage	for anyone not listed above?		
Where was the policy obtained? Employer / Medicare and the policy obtained? If you didn't have coverage part or all the policy obtained? Answer YES if it applies to any member of the policy obtained? Was your previous in the policy obtained? Was your previous in the policy obtained?	I of the year: er of the househ			
YES NO Was coverage offered	ed by your emplo	oyer or your spouse's employer?		
YES NO Are you a member o	f a federally rec	ognized Indian tribe?		
YES NO Are you eligible for s	ervices through	an Indian healthcare provider?		
YES NO Are you a member o	f a healthcare s	haring ministry?		
YES NO Did you live in the Ur	nited States the	entire year?		
YES NO Are you enrolled in T	RICARE?			
YES NO Did you apply for CH	IP coverage?			
YES NO Do any of the following	ng apply to you?	Do NOT indicate which one.		
·	Became homel	ess		
	Evicted in the p	ast six months, or facing eviction	or foreclosure	
	Received a shu	t-off notice from a utility company	у	
	Recently experi	enced domestic violence		
	Recently experi	enced the death of a close family	/ member	
	that resulted in	enced a fire, flood, or other nature substantial damage to your property		er
		ptcy in the last six months		
		nbursed medical expenses in the expected increases in essential		
		aging family member	expenses due to canny lor	un