

Thank you for taking the time to review and complete our 2015 Tax Organizer. As a licensed CPA firm serving our clients for over 40 years we appreciate your business and strive to do the best for you.

This organizer is an essential part of the tax return process. Tax rules are constantly changing and this information helps us keep up to date with your individual situation. Please take the time to complete it as accurately as possible.

If you are a new client please feel free to call our office for a quote or with any questions. Our fees are competitive; we are open year-round, offer two convenient locations and can complete your return on a 'drop off' or appointment basis.

We look forward to serving you!

TAXPAYER INFORMATION		SPOUSE INFORMATION	
First Name	Initial	First Name	Initial
Last Name		Last Name	
SSN	D.O.B.	SSN	D.O.B.
Occupation		Occupation	
T: Home	Cell	Home	Cell
Email		Email	
Address			

FILING STATUS	
<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married	<input type="checkbox"/> Married Filing Separate

REFUND
Automatic Deposit? <input type="checkbox"/> Yes (attach a VOID Check) <input type="checkbox"/> No

DEPENDENTS	
Name	
D.O.B.	SSN
Relationship	Months Lived at Home
Name	
D.O.B.	SSN
Relationship	Month Lived at Home

	FEDERAL		STATE	
	Date Paid	Amount	Date Paid	Amount
Overpayment				
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				

SALARIES & WAGES - Attach all W-2 forms		
W-2	Name of Employer	Gross Wages
1		
2		
3		
4		

Referred By:

Name:

Phone:

If any of the following items pertain to you or your spouse for the year 2015, please check the appropriate box and include all pertinent details.

- | Yes | No  |  |
|-----|---|--|
| 1.  | <input type="checkbox"/> <input type="checkbox"/> | Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country at any time during 2015?                                  |
| 2.  | <input type="checkbox"/> <input type="checkbox"/> | Do you own any foreign assets or have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.   |
| 3.  | <input type="checkbox"/> <input type="checkbox"/> | For Ohio residents, did you have out-of-state purchases that are subject to use tax?   |
| 4.  | <input type="checkbox"/> <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?   |
| 5.  | <input type="checkbox"/> <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?  |
| 6.  | <input type="checkbox"/> <input type="checkbox"/> | Did any of your children under age 19 or full-time students under age 24 have interest and dividend income of \$1000 or more or total investment income of \$2,000 or more?                            |
| 7.  | <input type="checkbox"/> <input type="checkbox"/> | Do you have a medical savings account (MSA)?   |
| 8.  | <input type="checkbox"/> <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Provide details. |
| 9.  | <input type="checkbox"/> <input type="checkbox"/> | Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?  |
| 10. | <input type="checkbox"/> <input type="checkbox"/> | Did you incur employment agency fees or job hunting expenses?  |
| 11. | <input type="checkbox"/> <input type="checkbox"/> | Did you incur moving expenses during the year due to a change of employment?   |
| 12. | <input type="checkbox"/> <input type="checkbox"/> | Did you have any debts, including mortgages, cancelled / forgiven or did you sell or abandon property?   |
| 13. | <input type="checkbox"/> <input type="checkbox"/> | Does anyone owe you money that has become uncollectible?   |
| 14. | <input type="checkbox"/> <input type="checkbox"/> | Did you incur any legal fees for estate planning or to collect taxable income?   |
| 15. | <input type="checkbox"/> <input type="checkbox"/> | Did you acquire or dispose of any business assets (including real estate) during the year?   |
| 16. | <input type="checkbox"/> <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan?  |
| 17. | <input type="checkbox"/> <input type="checkbox"/> | Did you make any energy-efficient improvements or purchases for your home?   |
| 18. | <input type="checkbox"/> <input type="checkbox"/> | Did you incur a casualty loss because of damaged or stolen property?   |
| 19. | <input type="checkbox"/> <input type="checkbox"/> | Did you make any gifts greater than \$14,000 either outright or in trust?  |
| 20. | <input type="checkbox"/> <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan?(Form 1099R)  |
| 21. | <input type="checkbox"/> <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R)   |
| 22. | <input type="checkbox"/> <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA?   |
| 23. | <input type="checkbox"/> <input type="checkbox"/> | Did you and all your dependants have minimum essential medical coverage for all 12 months of the year?<br>If no, explain. If yes attach forms 1095A, 1095B or 1095C if available.                      |
| 24. | <input type="checkbox"/> <input type="checkbox"/> | Did you buy health insurance on a state or federal exchange?   |
| 25. | <input type="checkbox"/> <input type="checkbox"/> | Did you have a household employee?   |
| 26. | <input type="checkbox"/> <input type="checkbox"/> | Did you have any education expense or student loan interest?   |
| 27. | <input type="checkbox"/> <input type="checkbox"/> | Do you and your spouse each want to allocate \$3 to the Presidential Election Campaign Fund?   |

### OTHER INCOME

<b>INTEREST</b> - Attach Forms 1099INT Total \$	
<b>DIVIDENDS</b> - Attach Forms 1099DIV Total \$	
<b>CAPITAL GAINS</b> - Attach Forms 1099B, 1099S and year-end brokerage statements with purchase date and cost of each item.	
<b>STATE TAX REFUND</b> - Attach Forms 1099G	
<input type="checkbox"/> Check if you did not itemize in prior year	
<b>ALIMONY RECEIVED</b>	
Payor	
Payor's SSN	Amount
<b>SOCIAL SECURITY BENEFITS RECEIVED</b> - Attach Forms SSA-1099	
<b>UNEMPLOYMENT BENEFITS RECEIVED</b> - Attach Forms 1099G	
<b>PENSIONS/IRA/ANNUITY DISTRIBUTIONS</b> - Attach Forms 1099R	
<b>INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS &amp; S-CORPORATIONS</b> - Attach Forms K-1 and list any not yet received.	

<b>OTHER INCOME</b> - Attach detailed schedules Including jury duty fees, finder's fees, director's fees, gambling winnings, disability payments, unreported tip income and any other income (whether taxable or non-taxable).	

### ADJUSTMENTS TO INCOME

<b>ALIMONY PAID</b>	
Payee	
Payee's SSN	
<b>IRA CONTRIBUTIONS, ETC.</b>	Amount
IRA Deduction	
SIMPLE Plan Deduction	
Keogh/SEP Deduction	
Education IRA Deduction	
Penalty on Early Withdrawal	
<b>OTHER</b>	
Educator Expenses	
Student Loan Interest paid	

### ITEMIZED DEDUCTIONS

<b>MEDICAL &amp; DENTAL EXPENSES</b> - Attach detailed schedules
Prescriptions
Insurance Premiums
Doctors & Dentists
Eyeglasses/Contacts
Long Term Care Insurance
Medical Miles

<b>TAXES PAID</b>
State & Local Income Taxes
Real Estate Taxes - Residence
Real Estate Taxes - Other Property
Auto License: Number of Cars
Auto License: Fees Paid
Personal Property Taxes
Other Taxes:

<b>INTEREST PAID</b> - Attach Forms 1098
Home Mortgage (1 <sup>st</sup> )
Home Mortgage (2 <sup>nd</sup> )
Home Mortgage (Equity Line)
Student Loan Interest
Other Interest:

<b>CONTRIBUTIONS</b> - Attach detailed schedules
By Cash or Check
Other than Cash
Charitable Miles

<b>MISCELLANEOUS DEDUCTIONS</b>
Union/Professional Dues
Investment Expenses*
Tax Return Preparation Fees
Safe Deposit Box Rental
Unreimbursed Employee Business Expenses*
Other Deductions:

<i>*Attach detailed schedules</i>

## INCOME FROM BUSINESS OR PROFESSION

### GENERAL INFORMATION

Cash Basis      Accrual Basis      1st Year

Principal Business/Profession

Business Name

Business Address

City    State    Zip

### INCOME

Gross Receipts or Sales

Returns & Allowances

Other Income

### COST OF GOODS SOLD (if applicable)

Inventory at Beginning of the Year

Purchases

Cost of Labor

Materials & Supplies

Other Costs

Inventory at End of the Year

### EXPENSES

Advertising

Car & Truck Expenses\*

Commissions

Employee Benefits

Insurance (other than health)

Health Insurance Premiums for Self\*

Interest

Legal & Professional

Office Expenses

Pensions & Profit Sharing

Rent - Vehicles, Machinery & Equipment

Rent - Business Property

Repairs & Maintenance

Supplies

Taxes - Property

Taxes - Other

Travel

Meals & Entertainment\*

Utilities

Wages

Other Expenses\*

\*Attach detailed schedules

### HOME OFFICE

Did you have a home office during the year?     Yes     No

*If yes, attached detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning.*

## RENTAL INCOME & EXPENSES

### PROPERTY

#1

#2

Location

### INCOME

Rent Received

### EXPENSES

Advertising

Association Dues

Auto & Travel

Cleaning/Maintenance

Insurance

Labor

Professional Fees

Miscellaneous

Mortgage Interest

Other Interest

Repairs & Maintenance

Supplies

Taxes

Telephone

Utilities

Improvements:

Other:

## Recommendations Welcome

We would welcome introductions to your family, friends & business associates who may need help with their taxes, financial planning and business needs.

Call us at 513-821-8768 for hours and to set your appointment today.

Sincerely,

Cindy Peters, CPA

Marc Steiger, CPA