

2015	1040	US	Tax Organizer
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Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2015 tax return. Please enter all pertinent 2015 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address

In care of
 Street address
 Apartment number
 City
 State
 ZIP code

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Social security number		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Social security number		
Relationship		
Months lived at home		

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Please enter all pertinent 2015 information. If you have attached a government form for an item, check the box and do not enter a 2015 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2015 Amount	2014 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments.....
- Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099

- Form 1099-G - State tax refunds.....

Attach Forms 1099

Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

Attach Forms 1099

Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

Attach Forms 1099

MISCELLANEOUS INCOME

- Taxpayer: Alimony received.....
- Spouse: Alimony received.....
- Other: _____

_____	_____
_____	_____
_____	_____

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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....
 Spouse: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

2015 Amount	2014 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest.....
 Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement.....
 Form 1095-B - Health Coverage.....
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage.....

Attach Forms 1095	

ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums.....
 Educator expenses.....
 Other adjustments to income:

Alimony paid - Recipient name & SSN.....

Spouse:
 Self-employed health insurance premiums.....
 Educator expenses.....
 Other adjustments to income:

Alimony paid - Recipient name & SSN.....

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....
 Doctors, dentists and nurses.....
 Hospitals and nursing homes.....
 Insurance premiums.....
 Long-term care premiums - taxpayer.....
 Long-term care premiums - spouse.....
 Insurance reimbursement.....
 Out-of-pocket lodging and transportation expenses.....
 Number of medical miles.....
 Other: _____

TAXES PAID

State income taxes - 1/15 payment on 2014 state estimate.....
 State income taxes - paid with 2014 state extension.....
 State income taxes - paid with 2014 state return.....
 State income taxes - paid for prior years and/or to other states.....

2015	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |

2015

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US/CA

Direct Deposit & Estimates (Form 1040 ES)

3, 6

Please enter all pertinent 2015 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

- 1=direct deposit of federal tax refund into bank account
- 1=electronic payment of balance due
- 1=electronic payment of estimated tax
- 1=direct deposit CA refund to one account, 2=split deposit between two accounts
- 1=electronic payment of CA state tax balance due
- 1=electronic payment of CA estimated tax

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2015 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2015 Voucher Amount
Overpayment applied from 2014				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2015 Voucher Amount
Overpayment applied from 2014				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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2015

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US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2015 information.

APPLICATION OF 2015 OVERPAYMENT (7.1)

If you have an overpayment of 2015 taxes, do you want the excess refunded? or applied to 2016 estimate? ...

Other (please explain): _____

2016 ESTIMATED TAX INFORMATION

Do you expect your 2016 taxable income to be different from 2015? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2016 withholding to be different from 2015? Yes No

If "yes" explain any differences: _____

7.1

