

|             |             |           |                      |
|-------------|-------------|-----------|----------------------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Topical Index</b> |
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|             |             |           |                      |
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| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Tax Organizer</b> |
|-------------|-------------|-----------|----------------------|

**MICHAEL J. CROMBIE, CPA, PC**  
**10 STATION COURT**  
**BELLPORT, NY 11713**

**Telephone number: 6313196901**  
**Fax number: 6313196902**  
**E-mail address: michael.crombie@mjc-cpas.com**

**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 . . . . .   |  |  |

|             |             |           |                           |          |
|-------------|-------------|-----------|---------------------------|----------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Client Information</b> | <b>1</b> |
|-------------|-------------|-----------|---------------------------|----------|

**MICHAEL J. CROMBIE, CPA, PC**  
 10 STATION COURT  
 BELLPORT, NY 11713  
 Telephone number: 6313196901  
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 E-mail address: michael.crombie@mjc-cpas.com

**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 add, change, or delete information as appropriate.

**CLIENT INFORMATION**

|                 |  |  |  |
|-----------------|--|--|--|
| Filing Status   | Filing status (table) .....                                    |  | <p align="center"><b>Filing Status</b></p> <p>1 = Single<br/>                 2 = Married filing joint<br/>                 3 = Married filing separate<br/>                 4 = Head of household<br/>                 5 = Qualifying widow(er)</p> |
|                 | 1=married filing separate and lived with spouse .....          |  |  |
|                 | Year spouse died, if qualifying widow(er) (2013 or 2014) ..... |  |  |
| Taxpayer        | 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 .....   |  |  |  |
| 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 .....   |  |  |  |
| Address         | In care of .....   |  |  |
|                 | Street address .....   |  |  |
|                 | Apartment number .....   |  |  |
|                 | City .....   |  |  |
|                 | State .....  |  |  |
| Foreign Address | ZIP code .....   |  |  |
|                 | Region .....   |  |  |
|                 | Postal code .....  |  |  |
|                 | Country .....  |  |  |

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Client Information (continued)

1 p2

Please add, change or delete information for 2015.

CLIENT INFORMATION

|                                    |                             |  |  |
|------------------------------------|-----------------------------|--|--|
| Taxpayer<br>Contact<br>Information | Home phone .....            |  | <b>Daytime Phone</b><br><br>1 = Work<br>2 = Home<br>3 = Mobile |
|                                    | Work phone .....            |  |  |
|                                    | Work extension .....        |  |  |
|                                    | Daytime phone (table) ..... |  |  |
|                                    | Mobile phone .....          |  |  |
|                                    | Pager number .....          |  |  |
|                                    | Fax number .....            |  |  |
|                                    | E-mail address .....        |  |  |
| Spouse<br>Contact<br>Information   | Home phone .....            |  |  |
|                                    | Work phone .....            |  |  |
|                                    | Work extension .....        |  |  |
|                                    | Daytime phone (table) ..... |  |  |
|                                    | Mobile phone .....          |  |  |
|                                    | Pager number .....          |  |  |
|                                    | Fax number .....            |  |  |
|                                    | E-mail address .....        |  |  |

1 p2

|             |             |           |                   |          |
|-------------|-------------|-----------|-------------------|----------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Dependents</b> | <b>2</b> |
|-------------|-------------|-----------|-------------------|----------|

**Please add, change or delete information for 2015.**

**DEPENDENTS**

|                                       | Dependent | Dependent |   |
|---------------------------------------|-----------|-----------|---|
| First name.....                       |           |           | <p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer<br/>                     2 = Child not living w/taxpayer<br/>                     3 = Dependent other than child<br/>                     4 = Head of household only, not a dependent<br/>                     5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)<br/>                     2 = Student age 19 to 23<br/>                     3 = Disabled<br/>                     4 = Force<br/>                     5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol> |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
|                                       | Dependent | Dependent |   |
| First name.....                       |           |           |   |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
|                                       | Dependent | Dependent |   |
| First name.....                       |           |           |   |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
|                                       | Dependent | Dependent |   |
| First name.....                       |           |           |   |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |

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## Miscellaneous Questions

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?  |

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 .....                    |  |  |

**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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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



|             |             |           |   |                       |
|-------------|-------------|-----------|---|-----------------------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Wages, Pensions, Gambling Winnings</b> | <b>10, 13.1, 13.2</b> |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2015 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) |  | Wages, Tips, Other Compensation (Box 1) | Tax Withheld    |                         |                  |                |                | 2014 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
|     |                          | 1=spouse                   |  |   | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

| No. | Name of Payer | Distribution code #2 |  | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld    |                | Value of all IRAs at 12/31/15 | 2014 Distribution |
|-----|---------------|----------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
|     |               | Distribution code #1 |  |                            |                         | Federal (Box 4) | State (Box 12) |                               |                   |
|     |               | 1=IRA/SEP/SIMPLE     |  |                            |                         |                 |                |                               |                   |
|     |               | 1=spouse             |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |

**GAMBLING WINNINGS (W-2G) (13.2)**

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld    |                |                | 2014 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|---------------|
|     |               |          |                        | Federal (Box 4) | State (Box 15) | Local (Box 17) |               |
|     |               |          |                        |                 |                |                |               |
|     |               |          |                        |                 |                |                |               |
|     |               |          |                        |                 |                |                |               |

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

|  |                    |           |  |                    |
|--|--------------------|-----------|--|--------------------|
|  | <b>2015 Amount</b> | <b>TS</b> |  | <b>2014 Amount</b> |
| Total gambling losses .....              |                    |           |  |                    |
| Winnings not reported on Form W-2G ..... |                    |           |  |                    |

**10, 13.1, 13.2**





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Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2015, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests \*, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

(\* owned and used property as main home for at least 2 of 5 years before sale)

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|             |             |           |   |  |           |
|-------------|-------------|-----------|---|--|-----------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Rental &amp; Royalty Income (Schedule E)</b> | No. <input style="width:40px;" type="text"/> | <b>18</b> |
|-------------|-------------|-----------|---|--|-----------|

**Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.**

**GENERAL INFORMATION**

|                                  | 2015 Amount | 2014 Amount  |
|----------------------------------|-------------|--|
| Description of property.....     |             | <b>Type of Property</b><br>1 = Single Family Residence<br>2 = Multi-Family Residence<br>3 = Vacation/Short-Term Rental<br>4 = Commercial<br>5 = Land<br>6 = Royalties<br>7 = Self-Rental |
| Street address.....              |             |  |
| City.....                        |             |  |
| State.....                       |             |  |
| ZIP code.....                    |             |  |
| Type of property (see table).... |             |  |
| Other type of property.....      |             |  |
| Number of days rented.....       |             |  |

|  |  |   |  |
|--|--|---|--|
| Percentage of ownership if not 100% (.xxxx).....   |  | 1=did not actively participate...<br>1=RE prof., activity is trade or business,<br>2=RE prof., not trade or business..... |  |
| Percentage of tenant occupancy if not 100% (.xxxx).....  |  | 1=rental other than real estate.  |  |
| 1=spouse, 2=joint.....   |  | 1=investment.....<br>1=single member limited liability company.....   |  |
| 1=qualified joint venture.....   |  |   |  |
| 1=nonpassive activity,<br>2=passive royalty.....   |  |   |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... |  |   |  |

**INCOME**

|                                  | 2015 Amount | 2014 Amount |
|----------------------------------|-------------|-------------|
| Rents or royalties received..... |             |             |

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

|  |  |  |
|--|--|--|
| Advertising.....                             |  |  |
| Association dues.....                        |  |  |
| Auto and travel (not entered elsewhere)..... |  |  |
| Cleaning and maintenance.....                |  |  |
| Commissions.....                             |  |  |
| Gardening.....                               |  |  |
| Insurance.....                               |  |  |
| Legal and professional fees.....             |  |  |
| Licenses and permits.....                    |  |  |
| Management fees.....                         |  |  |
| Miscellaneous.....                           |  |  |
| Mortgage interest (paid to banks, etc.)..... |  |  |
| Qualified mortgage insurance premiums.....   |  |  |
| Excess mortgage interest.....                |  |  |
| Other interest (not entered elsewhere).....  |  |  |
| Painting and decorating.....                 |  |  |
| Pest control.....                            |  |  |
| Plumbing and electrical.....                 |  |  |
| Repairs.....                                 |  |  |
| Supplies.....                                |  |  |
| Taxes - real estate.....                     |  |  |
| Taxes - other (not entered elsewhere).....   |  |  |
| Telephone.....                               |  |  |
| Utilities.....                               |  |  |
| Wages and salaries.....                      |  |  |
| Other:                                       |  |  |
| _____  |  |  |
| _____  |  |  |
| _____  |  |  |
| _____  |  |  |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

|                           |  |
|---------------------------|--|
| Foreign region .....      |  |
| Foreign postal code ..... |  |
| Foreign country .....     |  |

OIL AND GAS

|   | 2015 Amount | 2014 Amount |
|---|-------------|-------------|
| Production type (preparer use only) .....                         |             |             |
| Cost depletion .....  |             |             |
| Percentage depletion rate or amount .....                         |             |             |
| State cost depletion, if different (-1 if none) .....             |             |             |
| State % depletion rate or amount, if different (-1 if none) ..... |             |             |

VACATION HOME

|   |  |
|---|--|
| Number of days personal use .....                       |  |
| Number of days owned (if optional method elected) ..... |  |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

|   |  |  |
|---|--|--|
| Advertising .....                             |  |  |
| Association dues .....                        |  |  |
| Auto and travel (not entered elsewhere) ..... |  |  |
| Cleaning and maintenance .....                |  |  |
| Commissions .....                             |  |  |
| Gardening .....                               |  |  |
| Insurance .....                               |  |  |
| Legal and professional fees .....             |  |  |
| Licenses and permits .....                    |  |  |
| Management fees .....                         |  |  |
| Miscellaneous .....                           |  |  |
| Mortgage interest (paid to banks, etc.) ..... |  |  |
| Qualified mortgage insurance premiums .....   |  |  |
| Excess mortgage interest .....                |  |  |
| Other interest (not entered elsewhere) .....  |  |  |
| Painting and decorating .....                 |  |  |
| Pest control .....                            |  |  |
| Plumbing and electrical .....                 |  |  |
| Repairs .....                                 |  |  |
| Supplies .....                                |  |  |
| Taxes - real estate .....                     |  |  |
| Taxes - other (not entered elsewhere) .....   |  |  |
| Telephone .....                               |  |  |
| Utilities .....                               |  |  |
| Wages and salaries .....                      |  |  |
| Other:  |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |

|             |             |           |  |                  |
|-------------|-------------|-----------|--|------------------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Partnership and S corporation Information</b> | <b>20.1,20.2</b> |
|-------------|-------------|-----------|--|------------------|

Please add, change or delete 2015 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |

**S CORPORATION INFORMATION (20.2)**

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |

**20.1,20.2**







Please enter all pertinent 2015 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

|  | 2015 Amount |        | 2014 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)..... |             |        |             |        |
| Contributions made to date .....   |             |        |             |        |
| 1=covered by plan, 2=not covered.....  |             |        |             |        |
| 2015 payments from 1/1/16 to 4/15/16.....  |             |        |             |        |

**ROTH IRA CONTRIBUTIONS**

|   | 2015 Amount |        | 2014 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)..... |             |        |             |        |
| Contributions made to date .....  |             |        |             |        |

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

|   | 2015 Amount |        | 2014 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....    |             |        |             |        |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....    |             |        |             |        |
| Defined benefit contributions you expect to make.....                                   |             |        |             |        |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) ..... |             |        |             |        |
| Plan contribution rate if not .25 (.xxxx) .....   |             |        |             |        |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) ..                        |             |        |             |        |
| Individual 401k: SE designated Roth contributions (1=max.).....                         |             |        |             |        |
| <b>SIMPLE contributions:</b>  |             |        |             |        |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....         |             |        |             |        |
| Employer matching rate if not .03 (.xxxx) .....   |             |        |             |        |
| 1=nonelective contributions (2%) .....  |             |        |             |        |
| Contributions made to date .....  |             |        |             |        |

**ADJUSTMENTS TO INCOME**

|   | 2015 Amount |        | 2014 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| <b>Self-employed health insurance:</b>            |             |        |             |        |
| Total premiums (excluding long-term care).....    |             |        |             |        |
| Long-term care premiums.....                      |             |        |             |        |
| Student loan interest paid (1098-E, box 1) .....  |             |        |             |        |
| Educator expenses (kindergarten thru grade 12) .. |             |        |             |        |
| Jury duty pay given to employer.....              |             |        |             |        |
| Expenses from rental of personal property.....    |             |        |             |        |
| <b>Other adjustments to income:</b>               |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |

|                            | 2015 Amount |        | 2014 Amount      |                  |
|----------------------------|-------------|--------|------------------|------------------|
|                            | Taxpayer    | Spouse | Taxpayer         | Spouse           |
| <b>Alimony paid:</b>       |             |        |                  |                  |
| Recipient's first name.... |             |        |                  |                  |
| Recipient's last name....  |             |        |                  |                  |
| Recipient's SSN.....       |             |        |                  |                  |
| Amount paid .....          |             |        |                  |                  |
|                            |             |        | <b>2014 amt:</b> | <b>2014 amt:</b> |

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Itemized Deductions

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Please enter all pertinent 2015 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2015 Amount, TS, 2014 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2015 estimates are automatic.)

Table with 3 columns: 2015 Amount, TS, 2014 Amount. Rows include State income taxes (1/15 payment, 2014 state return extension, 2014 state return, prior years), and City/local income taxes (1/15 payment, 2014 city/local extension, 2014 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2015 Amount, TS, 2014 Amount. Rows include State and local sales taxes (except autos and special items), Use taxes paid on 2015 purchases, Use taxes paid with 2014 state return, Sales tax on autos not included above, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2015 Amount, TS, 2014 Amount. Rows include Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2015 Amount

TS

2014 Amount

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for investment interest.

Passive interest . . . . .

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for passive interest.

Certain home mortgage interest included above (6251) . . . . .

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes rows for volunteer expenses and charitable miles.

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Itemized Deductions (continued)

25 p3

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2015 Amount

TS

2014 Amount

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes 3 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes 3 rows for 30% limitation.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes 3 rows for 30% capital gain property.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes 3 rows for 20% capital gain property.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes 5 rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes 5 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes 2 rows for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes 5 rows for miscellaneous deductions.

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Itemized Deductions (continued)

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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2015 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2015 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2015 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

|  | 2015 Amount | TS | 2014 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured     |             |    |             |
| Home acquisition and grandfather debt on the date that the last debt was secured |             |    |             |

**LOAN INFORMATION**

Loan #1

|   |  |  |  |
|---|--|--|--|
| Lender's name                                     |  |  |  |
| Form (see table)                                  |  |  |  |
| Number of form                                    |  |  |  |
| 1=taxpayer, 2=spouse, blank=joint                 |  |  |  |
| Interest paid                                     |  |  |  |
| Points paid                                       |  |  |  |
| Total principal paid                              |  |  |  |
| Lump sum principal payment (if paid off)          |  |  |  |
| Months outstanding (if not 12)                    |  |  |  |
| Home acquisition debt balance - beginning of year |  |  |  |
| Home acquisition debt borrowed in 2015            |  |  |  |
| Home equity debt balance - beginning of year      |  |  |  |
| Home equity debt borrowed in 2015                 |  |  |  |
| Grandfather debt balance - beginning of year      |  |  |  |

Loan #2

|   |  |  |  |
|---|--|--|--|
| Lender's name                                     |  |  |  |
| Form (see table)                                  |  |  |  |
| Number of form                                    |  |  |  |
| 1=taxpayer, 2=spouse, blank=joint                 |  |  |  |
| Interest paid                                     |  |  |  |
| Points paid                                       |  |  |  |
| Total principal paid                              |  |  |  |
| Lump sum principal payment (if paid off)          |  |  |  |
| Months outstanding (if not 12)                    |  |  |  |
| Home acquisition debt balance - beginning of year |  |  |  |
| Home acquisition debt borrowed in 2015            |  |  |  |
| Home equity debt balance - beginning of year      |  |  |  |
| Home equity debt borrowed in 2015                 |  |  |  |
| Grandfather debt balance - beginning of year      |  |  |  |

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

25 p5

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Noncash Contributions (Form 8283)

26

**If your total noncash contributions are in excess of \$500 in 2015, please complete the information below for each donee using the following guidelines:**

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

|   |         |   |  |  |
|---|---------|---|--|--|
| No. <input style="width: 40px;" type="text"/> |         | Name of charitable organization (donee).....            |  |  |
|   |         | Street address .....                                    |  |  |
|   |         | City .....  |  |  |
|   |         | State .....   |  |  |
|   |         | ZIP code .....  |  |  |
|   |         | 1=spouse, 2=joint .....                                 |  |  |
|   |         | Property description (other than vehicle).....          |  |  |
|   | Vehicle |   | Identification number (VIN).....                 |  |
|   |         |   | Year (yyyy) .....                                |  |
|   |         |   | Make and model .....                             |  |
|   |         |   | Condition and mileage .....                      |  |
|   |         |   | Date of contribution (m/d/y).....                |  |
|   |         |   | Date acquired by donor (m/y) .....               |  |
|   |         |   | How acquired by donor (Table 1 or describe)..... |  |
|   |         | Donor's cost or basis .....                             |  |  |
|   |         | Fair market value .....                                 |  |  |
|   |         | Method used to determine FMV (Table 2 or describe)..... |  |  |

|   |         |   |  |  |
|---|---------|---|--|--|
| No. <input style="width: 40px;" type="text"/> |         | Name of charitable organization (donee).....            |  |  |
|   |         | Street address .....                                    |  |  |
|   |         | City .....  |  |  |
|   |         | State .....   |  |  |
|   |         | ZIP code .....  |  |  |
|   |         | 1=spouse, 2=joint .....                                 |  |  |
|   |         | Property description (other than vehicle).....          |  |  |
|   | Vehicle |   | Identification number (VIN).....                 |  |
|   |         |   | Year (yyyy) .....                                |  |
|   |         |   | Make and model .....                             |  |
|   |         |   | Condition and mileage .....                      |  |
|   |         |   | Date of contribution (m/d/y).....                |  |
|   |         |   | Date acquired by donor (m/y) .....               |  |
|   |         |   | How acquired by donor (Table 1 or describe)..... |  |
|   |         | Donor's cost or basis .....                             |  |  |
|   |         | Fair market value .....                                 |  |  |
|   |         | Method used to determine FMV (Table 2 or describe)..... |  |  |

|  |   |
|--|---|
| <p><b>1 How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance<br/>                 2 = Gift                              4 = Exchange</p> | <p><b>2 Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog<br/>                 2 = Thrift shop value              4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p> |
|--|---|

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Business Use of Home (Form 8829)

No.

29

Please enter 2015 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

|  | 2015 Amount | 2014 Amount |
|--|-------------|-------------|
| Form .....   |             |             |
| Number of form (e.g., enter 2 for Schedule C number 2) .....               |             |             |
| Business use area (square footage) .....                                   |             |             |
| Total area of home (square footage) .....                                  |             |             |
| Total hours facility used (for daycare facilities only) .....              |             |             |
| Total hours available (if not 8,760) .....                                 |             |             |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) ..... |             |             |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) .....     |             |             |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

|   |  |  |
|---|--|--|
| Mortgage interest .....                     |  |  |
| Real estate taxes .....                     |  |  |
| Qualified mortgage insurance premiums ..... |  |  |
| Casualty losses .....                       |  |  |
| Insurance .....                             |  |  |
| Miscellaneous .....                         |  |  |
| Rent .....                                  |  |  |
| Repairs and maintenance .....               |  |  |
| Utilities .....                             |  |  |
| Excess mortgage interest .....              |  |  |
| Other indirect expenses:                    |  |  |
| _____                                       |  |  |
| _____                                       |  |  |
| _____                                       |  |  |

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

|   |  |  |
|---|--|--|
| Mortgage interest .....                     |  |  |
| Real estate taxes .....                     |  |  |
| Qualified mortgage insurance premiums ..... |  |  |
| Casualty losses .....                       |  |  |
| Insurance .....                             |  |  |
| Miscellaneous .....                         |  |  |
| Rent .....                                  |  |  |
| Repairs and maintenance .....               |  |  |
| Utilities .....                             |  |  |
| Excess mortgage interest .....              |  |  |
| Excess casualty losses .....                |  |  |
| Allowable casualty losses .....             |  |  |
| Other direct expenses:                      |  |  |
| _____                                       |  |  |
| _____                                       |  |  |
| _____                                       |  |  |

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....

|   |                      |  |
|---|----------------------|--|
| Form .....  | <input type="text"/> |  |
| Number of form (1=first Schedule C, 2=second, etc.) .....                 | <input type="text"/> |  |
| 1=spouse .....  | <input type="text"/> |  |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> |  |
| 1=minister's expenses .....   | <input type="text"/> |  |

**EMPLOYEE BUSINESS EXPENSES**

|  | 2015 Amount          | 2014 Amount          |
|--|----------------------|----------------------|
| Meal and entertainment expenses .....                              | <input type="text"/> | <input type="text"/> |
| Reimbursements for meals and entertainment not on W-2, box 1 ..... | <input type="text"/> | <input type="text"/> |
| 1=Department of Transportation (80% meal allowance) .....          | <input type="text"/> | <input type="text"/> |
| Local transportation (bus, taxi, train, etc.).....                 | <input type="text"/> | <input type="text"/> |
| Travel expenses while away from home overnight .....               | <input type="text"/> | <input type="text"/> |
| Reimbursements not included on Form W-2, box 1.....                | <input type="text"/> | <input type="text"/> |
| Other business expenses:   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |

30

2015

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

|   | 2015 Amount | 2014 Amount |
|---|-------------|-------------|
| 1=vehicle used primarily by more than 5% owner.....   |             |             |
| 1=vehicle is available for off-duty personal use..... |             |             |
| 1=no other vehicle is available for personal use..... |             |             |
| 1=no evidence to support your deduction.....          |             |             |
| 1=no written evidence to support your deduction.....  |             |             |

VEHICLE 1

|   |  |  |
|---|--|--|
| Description of vehicle.....   |  |  |
| Date placed in service (m/d/y).....                                     |  |  |
| Total mileage (for the tax year).....                                   |  |  |
| Business mileage.....   |  |  |
| Commuting mileage (for the tax year).....                               |  |  |
| Average daily round-trip commute.....                                   |  |  |
| Number of months of business use if changed from 100% personal use..... |  |  |
| Parking fees and tolls (business portion only).....                     |  |  |
| Actual expenses:  |  |  |
| Gasoline, lube, oil.....  |  |  |
| Repairs.....  |  |  |
| Tires.....  |  |  |
| Insurance.....  |  |  |
| Miscellaneous.....  |  |  |
| Auto license (other than personal property taxes).....                  |  |  |
| Personal property taxes (based on car's value).....                     |  |  |
| Interest (car loan) (for Schedule C, E & F).....                        |  |  |
| Vehicle rent or lease payments.....                                     |  |  |
| Inclusion amount (enter as positive).....                               |  |  |
| Value of employer-provided vehicle on Form W-2 (2106).....              |  |  |

VEHICLE 2

|   |  |  |
|---|--|--|
| Description of vehicle.....   |  |  |
| Date placed in service (m/d/y).....                                     |  |  |
| Total mileage (for the tax year).....                                   |  |  |
| Business mileage.....   |  |  |
| Commuting mileage (for the tax year).....                               |  |  |
| Average daily round-trip commute.....                                   |  |  |
| Number of months of business use if changed from 100% personal use..... |  |  |
| Parking fees and tolls (business portion only).....                     |  |  |
| Actual expenses:  |  |  |
| Gasoline, lube, oil.....  |  |  |
| Repairs.....  |  |  |
| Tires.....  |  |  |
| Insurance.....  |  |  |
| Miscellaneous.....  |  |  |
| Auto license (other than personal property taxes).....                  |  |  |
| Personal property taxes (based on car's value).....                     |  |  |
| Interest (car loan) (for Schedule C, E and F).....                      |  |  |
| Vehicle rent or lease payments.....                                     |  |  |
| Inclusion amount (enter as positive).....                               |  |  |
| Value of employer-provided vehicle on Form W-2 (2106).....              |  |  |

2015

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2015 information.

GENERAL INFORMATION

|  |                      |                      |
|--|----------------------|----------------------|
| 1=spouse .....   | <input type="text"/> | <input type="text"/> |
| Foreign address of taxpayer, if different from Form 1040:  |                      |                      |
| Street address .....   | <input type="text"/> |                      |
| City .....   | <input type="text"/> |                      |
| Region .....   | <input type="text"/> |                      |
| Postal code .....  | <input type="text"/> |                      |
| Country .....  | <input type="text"/> |                      |
| Employer:  |                      |                      |
| Name .....   | <input type="text"/> |                      |
| U.S. street address .....  | <input type="text"/> |                      |
| U.S. city .....  | <input type="text"/> |                      |
| U.S. state .....   | <input type="text"/> |                      |
| U.S. ZIP code .....  | <input type="text"/> |                      |
| Foreign street address .....   | <input type="text"/> |                      |
| Foreign city .....   | <input type="text"/> |                      |
| Foreign region .....   | <input type="text"/> |                      |
| Foreign postal code .....  | <input type="text"/> |                      |
| Foreign country .....  | <input type="text"/> |                      |
| Employer type: 1=foreign entity, 2=U.S. company,<br>3=self, 4=foreign affiliate of U.S. company, 5=other ..... | <input type="text"/> | <input type="text"/> |
| Employer type, if other .....  | <input type="text"/> |                      |

|   |                                   |                      |
|---|-----------------------------------|----------------------|
| Type of exclusion revoked if revoked in earlier year (if applicable): | Tax year revocation was effective |                      |
| <input type="text"/>  | <input type="text"/>              | <input type="text"/> |
| <input type="text"/>  | <input type="text"/>              | <input type="text"/> |
| <input type="text"/>  | <input type="text"/>              | <input type="text"/> |

|                              |                      |
|------------------------------|----------------------|
| Country of citizenship ..... | <input type="text"/> |
|------------------------------|----------------------|

|   |   |                      |
|---|---|----------------------|
| City and country of separate foreign residence if maintained due to<br>adverse living conditions (if applicable): | Number of days during tax year at separate<br>foreign address (if applicable) |                      |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> |

|                               |   |                      |
|-------------------------------|---|----------------------|
| Tax homes(s) during tax year: | Dates tax home(s) were<br>established (m/d/y) |                      |
| <input type="text"/>          | <input type="text"/>                          | <input type="text"/> |
| <input type="text"/>          | <input type="text"/>                          | <input type="text"/> |
| <input type="text"/>          | <input type="text"/>                          | <input type="text"/> |

31.1

**Please enter all pertinent 2015 information.**

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2015 as well as travel for 2016 known to date.

| Travel Type (table) | Name of country (if not United States) | Date arrived | Date left | Days in U.S. on business |
|---------------------|--|--------------|-----------|--------------------------|
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

|   |   |  |
|---|---|--|
| Beginning date for bona fide residence (m/d/y).....   | <input style="width:90%;" type="text"/> |  |
| Ending date for bona fide residence (m/d/y).....  | <input style="width:90%;" type="text"/> |  |
| Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer..... | <input style="width:90%;" type="text"/> |  |

| Names of family living abroad with taxpayer (if applicable): | Relationship | Period family lived abroad |
|--|--------------|----------------------------|
|  |              |                            |
|  |              |                            |
|  |              |                            |

|   |   |  |
|---|---|--|
| 1=submitted statement to country of bona fide residence.....                    | <input style="width:90%;" type="text"/> |  |
| 1=required to pay income tax to country of bona fide residence.....             | <input style="width:90%;" type="text"/> |  |
| Contractual terms relating to length of employment abroad.....                  | <input style="width:90%;" type="text"/> |  |
| Type of visa you entered foreign country under.....                             | <input style="width:90%;" type="text"/> |  |
| Explanation why visa limited stay or employment in country (if applicable)..... | <input style="width:90%;" type="text"/> |  |

| Address of home in U.S. maintained while living abroad (if applicable): | City | State | ZIP Code | 1=U.S. home rented (if applicable) |
|---|------|-------|----------|------------------------------------|
|   |      |       |          |                                    |
|   |      |       |          |                                    |

| Names of occupants in U.S. home (if applicable) | Relationship of occupants in U.S. home (if applicable) |
|---|--|
|   |  |
|   |  |
|   |  |

Principal country of employment.....

**FOREIGN HOUSING EXPENSES**

|   | 2015 Amount   | 2014 Amount                              |
|---|---|--|
| Qualified housing expenses.....           | <input style="width:90%;" type="text"/>               | <input style="width:90%;" type="text"/>  |
| Location of housing expenses:             | Qualifying days in location (multiple locations only) |  |
| <input style="width:450px;" type="text"/> | <input style="width:40px;" type="text"/>              | <input style="width:40px;" type="text"/> |
| <input style="width:450px;" type="text"/> | <input style="width:40px;" type="text"/>              | <input style="width:40px;" type="text"/> |
| <input style="width:450px;" type="text"/> | <input style="width:40px;" type="text"/>              | <input style="width:40px;" type="text"/> |

**Travel Type**

1 = Travel to U.S. (default)  
 2 = Travel to foreign country  
 3 = Travel to restricted country

**Please enter all pertinent 2015 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

**FOREIGN WAGES, SALARIES, TIPS**

|   | 2015 Amount | 2014 Amount |
|---|-------------|-------------|
| Name or number .....                          |             |             |
| 1=spouse .....                                |             |             |
| 1=retirement plan (Box 13) .....              |             |             |
| Name of employer (Box c) .....                |             |             |
| Wages, tips, other compensation (Box 1) ..... |             |             |
| Federal income tax withheld (Box 2) .....     |             |             |
| Social security tax withheld (Box 4) .....    |             |             |
| Medicare tax withheld (Box 6) .....           |             |             |
| State income tax withheld (Box 17) .....      |             |             |
| Local income tax withheld (Box 19) .....      |             |             |

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

|                                 |  |  |
|---------------------------------|--|--|
| Home (lodging) .....            |  |  |
| Meals .....                     |  |  |
| Car .....                       |  |  |
| Other properties or facilities: |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

**Allowances and Reimbursements**

|  |  |  |
|--|--|--|
| Cost of living and overseas differential ..... |  |  |
| Family .....                                   |  |  |
| Education .....                                |  |  |
| Home leave .....                               |  |  |
| Quarters .....                                 |  |  |
| Other purposes:                                |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|   |  |  |
|---|--|--|
| Meals and lodging provided for the convenience of the Employer (excludable under section 119) ..... |  |  |
|---|--|--|

**Other Foreign Earned Income**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

**2015 Days Worked Allocation Information**

|   |  |  |
|---|--|--|
| Total number of days worked (if not 240) .....                |  |  |
| Total days worked before and after foreign assignment .....   |  |  |
| Foreign days worked before and after foreign assignment ..... |  |  |

|             |             |           |                                       |             |
|-------------|-------------|-----------|---------------------------------------|-------------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Health Savings Accounts (8889)</b> | <b>32.1</b> |
|-------------|-------------|-----------|---------------------------------------|-------------|

**Please enter all pertinent 2015 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.**

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2015, a high deductible health plan is one with an annual deductible that is not less than \$1,250 for self-only coverage or \$2,500 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,350 for self-only coverage or \$12,700 for family coverage.

|   | 2015 Amount |        | 2014 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| 1= self-only coverage, 2= family coverage.....  |             |        |             |        |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)..... |             |        |             |        |
| Contributions included above that were made after you became eligible for Medicare.....   |             |        |             |        |
| Contributions made to date .....  |             |        |             |        |

**HSA DISTRIBUTIONS**

|   |  |  |  |  |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1)...                     |  |  |  |  |
| Distributions included above that were rolled over to another HSA ..... |  |  |  |  |
| Total unreimbursed qualified medical expenses...                        |  |  |  |  |

|  |             |
|--|-------------|
|  | <b>32.1</b> |
|--|-------------|

|             |             |           |  |                  |
|-------------|-------------|-----------|--|------------------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Child and Dependent Care Expenses (Form 2441)</b> | <b>33.1,33.2</b> |
|-------------|-------------|-----------|--|------------------|

Please enter all pertinent 2015 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

|  | 2015 Amount |        | 2014 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Dependent care expenses incurred but not paid in 2015... |             |        |             |        |
| Employer-provided benefits forfeited in 2015.....        |             |        |             |        |

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

|  |  |  |                  |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name.....  |  |                  |
|  | Last name.....   |  |                  |
|  | Title or suffix.....   |  |                  |
|  | Date of birth (m/d/y).....                                       |  |                  |
|  | Social security number.....                                      |  |                  |
|  | Qualified dependent care expenses incurred and paid in 2015..... |  | <b>2014 amt:</b> |
|  | 1=disabled.....  |  |                  |
| 1=spouse, 2=joint.....                       |  |  |                  |

|  |  |  |                  |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name.....  |  |                  |
|  | Last name.....   |  |                  |
|  | Title or suffix.....   |  |                  |
|  | Date of birth (m/d/y).....                                       |  |                  |
|  | Social security number.....                                      |  |                  |
|  | Qualified dependent care expenses incurred and paid in 2015..... |  | <b>2014 amt:</b> |
|  | 1=disabled.....  |  |                  |
| 1=spouse, 2=joint.....                       |  |  |                  |

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

|  |   |  |                  |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider.....                     |  |                  |
|  | Street address.....                       |  |                  |
|  | City.....                                 |  |                  |
|  | State.....                                |  |                  |
|  | ZIP code.....                             |  |                  |
|  | Foreign region.....                       |  |                  |
|  | Foreign postal code.....                  |  |                  |
|  | Foreign country.....                      |  |                  |
|  | Identification number (SSN or EIN).....   |  |                  |
|  | Amount paid to care provider in 2015..... |  | <b>2014 amt:</b> |
|  | 1=spouse, 2=joint.....                    |  |                  |



2015

1040

US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2015 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2015 Amount

2014 Amount

|   |  |  |  |  |
|---|--|--|--|--|
| No. <input type="text"/>                          | First name.....                          |  |  |  |
|   | Last name.....                           |  |  |  |
|   | Identification number.....               |  |  |  |
|   | Date of birth (m/d/y).....               |  |  |  |
|   | 1=born before 1998 and was disabled..... |  |  |  |
|   | 1=special needs child.....               |  |  |  |
|   | 1=foreign child.....                     |  |  |  |
|   | 1=adoption was not final in 2015.....    |  |  |  |
|   | Qualified Adoption Expenses Paid in      | 2014 for adoption not finalized by end of 2015.....              |  |  |
|   |  | Prior years for adoption of foreign child finalized in 2015..... |  |  |
| 2014 and 2015 for adoption finalized in 2015..... |  |  |  |  |
| 2015 for adoption finalized before 2015.....      |  |  |  |  |
| 1=spouse, 2=joint.....                            |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| No. <input type="text"/>                          | First name.....                          |  |  |  |
|   | Last name.....                           |  |  |  |
|   | Identification number.....               |  |  |  |
|   | Date of birth (m/d/y).....               |  |  |  |
|   | 1=born before 1998 and was disabled..... |  |  |  |
|   | 1=special needs child.....               |  |  |  |
|   | 1=foreign child.....                     |  |  |  |
|   | 1=adoption was not final in 2015.....    |  |  |  |
|   | Qualified Adoption Expenses Paid in      | 2014 for adoption not finalized by end of 2015.....              |  |  |
|   |  | Prior years for adoption of foreign child finalized in 2015..... |  |  |
| 2014 and 2015 for adoption finalized in 2015..... |  |  |  |  |
| 2015 for adoption finalized before 2015.....      |  |  |  |  |
| 1=spouse, 2=joint.....                            |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| No. <input type="text"/>                          | First name.....                          |  |  |  |
|   | Last name.....                           |  |  |  |
|   | Identification number.....               |  |  |  |
|   | Date of birth (m/d/y).....               |  |  |  |
|   | 1=born before 1998 and was disabled..... |  |  |  |
|   | 1=special needs child.....               |  |  |  |
|   | 1=foreign child.....                     |  |  |  |
|   | 1=adoption was not final in 2015.....    |  |  |  |
|   | Qualified Adoption Expenses Paid in      | 2014 for adoption not finalized by end of 2015.....              |  |  |
|   |  | Prior years for adoption of foreign child finalized in 2015..... |  |  |
| 2014 and 2015 for adoption finalized in 2015..... |  |  |  |  |
| 2015 for adoption finalized before 2015.....      |  |  |  |  |
| 1=spouse, 2=joint.....                            |  |  |  |  |

37

2015

1040

US

**Education Credits / Tuition Deduction**

No.

38

Please complete the information below if you paid qualified education expenses in 2015 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....  
 First name .....  
 Last name .....  
 Social security number.....  
 Number of years hope credit claimed .....  
 Number of prior years AOC claimed .....  
 1=student was NOT enrolled at least half-time for at least one academic period that began in 2014 (or the first 3 months of 2015 if the qualified expenses were made in 2014) at an eligible institution in a qualified program. ....  
 1=student completed first four years of post-secondary education before 2014. ....  
 1=student was convicted, before the end of 2015, of a felony for possession or distribution of a controlled substance. ....

|  |  |
|--|--|
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|  |  |

**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....  
 Street address .....  
 City .....  
 State .....  
 ZIP code .....  
 1=2015 Form 1098-T was NOT received. ....  
 1=2015 Form 1098-T received with Box 2 & 7 completed.....  
 1=2014 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....

|  |  |
|--|--|
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|  |  |

**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....  
 Street address .....  
 City .....  
 State .....  
 ZIP code .....  
 1=2015 Form 1098-T was NOT received. ....  
 1=2015 Form 1098-T received with Box 2 & 7 completed.....  
 1=2014 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....

|  |  |
|--|--|
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|  |  |
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|  |  |
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|  |  |
|  |  |
|  |  |

**QUALIFIED EDUCATION EXPENSES**

Qualified tuition & fees paid in 2015 (net of refund or assistance, & not entered elsewhere) .  
 Books & supplies required to be purchased from institution. ....  
 Books & supplies not entered above. ....  
 Amount of prior year refund or assistance \* .....

|  | 2015 Amount | 2014 Amount |
|--|-------------|-------------|
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2015

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US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#2)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#3)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#4)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

39.1

**2015**

**1040**

**US**

**Household Employment Taxes (Schedule H)**

**42**

Please enter all pertinent 2015 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$1,900 or more in 2015; withheld federal income tax during 2015 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015 to household employees, please complete the following:

|                                      |  |
|--------------------------------------|--|
| Employer identification number ..... |  |
| 1=spouse, 2=joint .....              |  |

| Social security, Medicare and income taxes:                 | 2015 Amount | 2014 Amount |
|---|-------------|-------------|
| 1=paid any one employee cash wages of \$1,900 or more ..... |             |             |
| 1=withheld federal income tax for household employee .....  |             |             |
| Total cash wages subject to social security taxes .....     |             |             |
| Total cash wages subject to Medicare taxes .....            |             |             |
| Federal income tax withheld .....                           |             |             |
| Taxes withheld from state disability payments .....         |             |             |

| Federal unemployment tax:  | 2015 Amount | 2014 Amount |
|--|-------------|-------------|
| 1=paid total cash wages of \$1,000 or more in any calendar quarter of 2014 or 2015 ..... |             |             |
| Total cash wages subject to FUTA tax .....   |             |             |
| 1=paid unemployment contributions to only one state .....                                |             |             |
| 1=paid all state unemployment contributions by 4/15/16 .....                             |             |             |
| 1=all wages taxable for FUTA were also taxable for state unemployment .....              |             |             |
| Name of state .....  |             |             |
| Contributions paid to state unemployment fund .....                                      |             |             |

|             |             |           |   |  |           |
|-------------|-------------|-----------|---|--|-----------|
| <b>2015</b> | <b>1040</b> | <b>US</b> | <b>Parent's Election to Report Child's Inc.</b> | No. <input style="width:40px;" type="text"/> | <b>44</b> |
|-------------|-------------|-----------|---|--|-----------|

**Please enter all pertinent 2015 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.**

**CHILD'S INFORMATION**

|                              |   |
|------------------------------|---|
| First name .....             | <input style="width:95%;" type="text"/> |
| Last name .....              | <input style="width:95%;" type="text"/> |
| Social security number.....  | <input style="width:95%;" type="text"/> |
| Date of birth (m/d/y) .....  | <input style="width:95%;" type="text"/> |
| 1=nontaxable to federal..... | <input style="width:95%;" type="text"/> |
| 1=nontaxable to state.....   | <input style="width:95%;" type="text"/> |

**INTEREST INCOME (Form 1099-INT)**

|  | 2015 Amount                             | 2014 Amount                             |
|--|---|---|
| Banks, credit unions, etc. (Box 1):<br><br>_____                         | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):<br><br>_____    | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Tax-exempt interest:   |   |   |
| Total municipal bonds.....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| In-state municipal bonds .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Adjustments:   |   |   |
| Nominee distribution .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Accrued interest .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Tax-exempt interest (1099-INT in error) .....                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| OID adjustment.....  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| ABP adjustment .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Foreign:   |   |   |
| 1=interest in or authority over foreign account .....                    | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Name of foreign country.....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| 1=grantor/transferor or received distribution from foreign trust .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Post 8/7/86 private activity bond interest (included above) (6251) ..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

**DIVIDEND INCOME (Form 1099-DIV)**

|   | 2015 Amount                             | 2014 Amount                             |
|---|---|---|
| Total ordinary dividends (Box 1a):<br><br>_____         | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Qualified dividends (Box 1b) .....                      | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Total capital gain distributions (Box 2a):<br><br>_____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Unrecaptured section 1250 gain (Box 2b) .....           | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Section 1202 gain (Box 2c) .....                        | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Collectibles (28%) gain (Box 2d).....                   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Nontaxable distributions (Box 3).....                   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Tax-exempt interest:                                    |   |   |
| Total municipal bonds.....                              | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| In-state municipal bonds .....                          | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Nominee distributions:                                  |   |   |
| Ordinary dividends.....                                 | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Qualified dividends.....                                | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Capital gain distributions .....                        | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Alaska permanent fund dividends included above.....     | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |