

Elite Tax Planning Group

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2015 Tax Organizer

This tax organizer package was designed to assist you in collecting the information we need for the preparation of your 2015 income tax return. The following pages contain many of the common income tax items expenses, deductions and credits. You will also be asked to answer certain questions which will help us determine the best way to handle certain items of income or deduction.

Please take the time to fill out the pages that apply to you and furnish us with any supporting documentation.

We will need the following information if it applies to you:

- Copy of your prior year income tax return (if not in our possession).
- Original form(s) W-2 and 1099-R received from all employers.
- Original form(s) 1095-A, 1095-B and 1095-C received.
- Copies of other compensation, moving expense reimbursement, or pension documentation.
- Forms(s) 1099 or other statements reporting interest and dividend income received.
- Form(s) 1099B and any other closing documentation regarding the sale or purchase of assets
- Schedule K-1 showing your share of income and deductions from partnerships, S corporations, estates and trusts.
- Form(s) 1098, copies of real estate bills, property tax bills, mortgage statements, etc.
- Any other information or statements that you received or that you may have questions about.

- CP Notice 28- Taxable IRA from Roth Rollover

Personal information:

- Your social security number or tax ID number
- Your spouse's full name and social security number or tax ID number
- Amount of any alimony paid and ex-spouse's full name and social security number

Information About Other People Who May Belong on Your Return:

- Dates of birth and social security numbers or tax ID numbers
- Childcare records (including the provider's tax ID number) if applicable
- Income of other adults in your home
- Form 8332 showing that the child's custodial parent is releasing their right to claim a child to you, the noncustodial parent (if applicable)

Education Payments

- Forms 1098-T from educational institutions
- Receipts that itemize qualified educational expenses
- Records of any scholarships or fellowships you received
- Form 1098-E if you paid student loan interest

Employee Information

- Forms W-2

Self-Employment Information

- Forms 1099-MISC, Schedules K-1, income records to verify amounts not reported on 1099s
- Records of all expenses — check registers or credit card statements, and receipts
- Business-use asset information (cost, date placed in service, etc.) for depreciation
- Office in home information, if applicable

Business Use of Vehicle Information

- Log showing total miles driven for the year (or beginning/ending odometer readings), total business miles driven for the year (other than commuting), and the business purpose of the mileage
- Amount of parking and tolls paid
- If you want to claim actual expenses, receipts or totals for gas, oil, car washes, licenses, personal property tax, lease or interest expense, etc.

Rental Property Income

- Records of income and expenses
- Rental asset information (cost, date placed in service, etc.) for depreciation

Retirement Income and Contributions

- Pension/IRA/annuity income (1099-R)
- Social security/RRB income (1099-SSA, RRB-1099)
 - Form 5498 showing IRA contributions
 - Traditional IRA basis (i.e. amounts you contributed to the IRA that were already taxed)

Savings and Investments

- Interest, dividend income (1099-INT, 1099-OID, 1099-DIV)
- Income from sales of stock or other property (1099-B, 1099-S)
- Dates of acquisition and records of your cost or other basis in property you sold (if basis is not reported on 1099-B)

Other Income

- Unemployment, state tax refund (1099-G)
- Gambling income (W-2G or records showing income, as well as expense records)
- Amount of any alimony received
- Health Savings Account and long-term care reimbursements (1099-SA or 1099-LTC)
- Jury duty records
- Hobby income and expenses
- Prizes and awards
- Other 1099

Affordable Care Act

- Form 1095-A if you enrolled in an insurance plan through the Marketplace (Exchange)
- Form 1095-B and/or 1095-C if you had insurance coverage through any other source (i.e. an employer, insurance company, government health plan such as Medicare, Medicaid, CHIP, TRICARE, VA, etc.)
- Marketplace exemption certificate (ECN) if you applied for and received an exemption from the Marketplace (Exchange)

Other Deductions and Credits

- Receipts for classroom expenses (for educators in grades K-12)
- Form 5498-SA showing HSA contributions
- All other 5498 series forms (5498-QA, 5498-ESA)
- Record of moving expenses not reimbursed by employer
- Forms 1098 or other mortgage interest statements
- All other 1098 series forms
- Amount of state/local income tax paid (other than wage withholding), or amount of state and local sales tax paid
- Real estate and personal property tax records
- Invoice showing amount of vehicle sales tax paid
- Cash amounts donated to houses of worship, schools, other charitable organizations
- Records of non-cash charitable donations
- Amounts paid for healthcare insurance and to doctors, dentists, hospitals
- Amounts of miles driven for charitable or medical purposes
- Expenses related to your investments
- Amount paid for preparation of last year's tax return
- Employment-related expenses (dues, publications, tools, uniform cost and cleaning, travel)
- Job-hunting expenses
- Receipts for energy-saving home improvements
- Record of estimated tax payments made

We hope this organizer makes the task of managing your tax documents and what you will need for a thorough and complete tax return easier. The next few pages are the tax questionnaire please be as thorough as possible, if you are unsure of an answer please note that on the form and we will contact you for additional information.

Tax Questionnaire

Did your filing status change during 2015?

Yes No

Will your address on your 2015 Federal return be different from the one shown on Your 2014 return?

Yes No

If YES, provide your New Address:

Street:

City:

State:

Zip Code:

Were you notified by the internal Revenue Service or any other taxing authority of changes to a prior year tax return?

Yes No

(If YES, please enclose report notifying you of the change(s).)

Did you have minimum essential health care coverage for yourself, your spouse (if filing jointly), and anyone you could

or did claim as a dependent for every month of 2014?

Yes No

Did you, your spouse, or a dependent enroll in health insurance through the marketplace/exchange?

Yes No

Are you aware of any changes to your income, deductions and credits reported on a prior year return?

Yes No

Did you sell and/or purchase a principal residence in 2015?

Yes No

Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction?

Yes No

Do you have any dependent children under 18 who received unearned income (interest, dividends, investment income) of over \$1,900?

Yes No

If YES, and if your child qualifies, do you elect to report your child's interest and dividends in your income tax return?

Yes No

Did you or your spouse receive stock from an employers stock bonus plan (do not include amounts reported on form W-2)?

Yes No

Did you buy or sell any bonds during the year? (If YES, please provide a copy of the brokers report.)

Yes No

Did you start a new business during 2015?

Yes No

Did you receive payments from a pension or profit-sharing plan?

Yes No

Did you sell business or personal property (ies) on the installment method?

OR did you receive payments from an installment sale? (If YES, please provide details).

Yes No

Did you surrender any U.S. savings bonds during 2015?

Yes No

Did you use the proceeds from the Series EE U.S. savings bonds purchased after to pay for higher education expenses?

Yes No

Did you receive tip income NOT reported to your employer?

Yes No

Did you receive any tax- exempt interest?

Yes No

Did you obtain a loan and use the proceeds for an investment?

Yes No

If employed, are you covered under a pension, profit-sharing, stock bonus or other retirement plan?

Yes No

Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over to another IRA or qualified plan within 60 days of the distribution?

Yes No

Did you rollover any amount from a traditional IRA to a Roth IRA during 2013, 2014 or 2015?

Yes No

Did you receive any disability payments this year?

Yes No

If either you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?

Yes No

Did you have foreign income or pay any foreign taxes in 2015?

Yes No

Did you sell property or equipment on installment in 2015?

Yes No

Did you have any business related educational expenses?

Yes No

Did you make gifts of more than \$14,000 to any individual?

Yes No

Did you make gifts to a trust?

Yes No

Did you suffer any uninsured casualty or theft loss on a non business property?

Yes No

Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are paid to beneficiaries named by you?

Yes No

Did you receive any income not included in the Tax Organizer?

Yes No

Did you pay any qualified educational expenses for yourself or any dependents?

Yes No

If you received income that is not included in this Tax Organizer please list the income received, type of income and how received?