

2015

1040

US

Miscellaneous Questions

2015 Individual Tax Questionnaire

Please answer the following questions. If you are not sure of the answer, please leave it blank and we can discuss it. **If you don't return this questionnaire with your tax information, we will assume that the answers to these questions are "No".**

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status or address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any errors in the personal and dependent information that you have not corrected? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will any dependents you claimed last year be claiming themselves or be claimed by someone else this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did any child under the age of 24 have any income, other than wages, in excess of \$1050? If so, their tax return cannot be correctly computed without information from your tax return. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any out of state purchases (including online purchases) on which you did not pay sales tax? If so, you are required to pay use tax with your state tax return. Total Purchases: \$ _____ or ___ Use table amount. |
| <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 cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? Please provide us with any documents received. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes (other than in US brokerage accounts)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received, or should have you received, any w-2s, 1099s, or, 1095s that you have not provided to us? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? Someone who sets their own hours, provides their own supplies, decides how the work is to be done, and provides services to multiple customers in probably not your employee. If you have household employees, you may be required to issue a W-2 and pay payroll taxes. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks or bonds not held in a brokerage account, or other investment property in 2015? Please provide closing statements or documents received (1099-B or 1099-S for example) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? Please provide us with any 1099-C or 1099-A that you have received. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |

2015	1040	US	Miscellaneous Questions
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- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2015?
- Did you or your spouse receive a pension or annuity in 2015 for services performed as an employee of the US, state, or local government for work not covered by social security?
- Did you have a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you and your dependents have health insurance for the full year?
- Did you receive any of these documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer & Coverage) If so, please attach.
- If you or your dependents did not have health insurance coverage during the year, do you fall into one of the exemption categories? If you received an exemption certificate, please attach.
- Did you apply an overpayment of 2014 taxes to your 2015 estimated tax (instead of being refunded)?
- If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax (instead of being refunded)?
- Do you expect your 2016 taxable income and withholdings to be substantially different from 2015?
- Did you receive payments under a long-term care (LTC) insurance contract or receive any accelerated death benefits from a life insurance policy?
- Were you notified of a change in prior year returns or audited by either the Internal Revenue Service or the State taxing agency? Please provide copies if we do not already have them.
- May the IRS discuss your tax return with your tax preparer?
- Would you prefer to receive next year's organizer electronically?
- Did your bank account information change within the last 12 months?

Your Answers to these questions may not change your tax, but are required to be reported:

- | | | |
|---------------------------------|--------------------------------|---|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?(Foreign Stocks held in a US brokerage account do not count. If you have signature authority over an account, including that of an employer or relative, you should answer Yes. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have stock, or any other ownership interest in any foreign corporation, partnership, trust, estate, fund or other entity that is not held in a US brokerage account), or any financial instrument or contract issued by a foreign person or business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a foreign trust or did you inherit money or property from a foreign citizen or resident? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? |

2015	1040	US	Miscellaneous Questions
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- Did you roll over any distribution from a 401(k), pension, profit-sharing or retirement plan, or Individual Retirement account (IRA)? Please provide any 1099-R.
- Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?

Answering Yes to these questions may reduce your tax:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <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 buy any residential energy efficient, solar energy, wind energy, geothermal or fuel cell property or improvements? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your vehicle used for business? If yes, how many miles did you drive for business?
_____ How many total miles did you drive? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone owe you money which had become uncollectible in 2015? |
| <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, 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, your spouse, or a dependent pay interest on a student loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have unreimbursed expenses related to working out of town? |

If you would like to contribute to the Presidential Campaign Fund or a charitable fund:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 (\$6 on a joint return) to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to contribute part of your refund to any state fund? Contributions will reduce your refund by the amount contributed and will count as a charitable contribution on next year's return. |

Other information and notes:

Are there any issues that you would like to discuss with us or topics about which you would like additional information?

Are there other comments that you would like to share with us?

We want to provide first-rate service to each of our clients. Do you have any suggestions as to how we can improve the level of service we provide you?

2015	1040	US	Topical Index
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TOPIC	FORM	TOPIC	FORM
Adoption expenses	37	IRA distributions	10, 13.1, 13.2
Alimony paid	24	Medical and dental expenses	25
Alimony received	14.1	Miscellaneous income	14.1
Business income and expenses	16	Miscellaneous itemized deductions	25 p3, 25 p4
Business use of home	29	Mortgage interest expense	25 p2
Capital gains/losses	17	Moving expenses	17, 27
Charitable contributions	25 p2, 25 p3, 26	Partnership information	20.1, 20.2
Child and dependent care expenses	33.1, 33.2	Pension distributions	10, 13.1, 13.2
Children's interest/dividend income	44	Purchase of business assets	22 p2
Client information	1	Qualified Plan (Keogh) contributions	24
Dependents	2	Qualified tuition programs	14.3
Direct deposit of refund	3, 6, 7.1	Railroad retirement benefits	14.1
Dividend income	11, 12	Real estate taxes paid	25
Education expenses	38	REMIC information	20.3, 20.4
Education Savings Accounts	14.3	Rental & royalty income & expenses	18
Employee business expenses	30 p1	S corporation information	20.1, 20.2
Estate information	20.3, 20.4	Sale of business assets	22
Estate tax	25 p4	Sale of home	17, 27
Estimated taxes	3, 6, 7.1	Sale of stocks and bonds	17
Excess Mortgage Interest	25 p5	Sales and use taxes paid	25
Farm income and expenses	19	Self-employed elective deferrals	24
Foreign information	31.1	SEP contributions	24
Foreign wages and other income	31.2	SIMPLE contributions	24
Gambling income/losses	10, 13.1, 13.2	Social security benefits received	14.1
Health coverage	39	State and local tax refunds	14.2
Health insurance premiums (self-employed)	24	Student loan interest paid	24
Health savings accounts	32.1	Taxes paid	25
Household employment taxes	42	Tax return preparation fee	25 p3
Installment sales	17 p2	Trust information	20.3, 20.4
Interest income	11, 12	Unemployment compensation	14.2
Interest paid	25 p2	Vacation home	18, 18 p2
Investment expense	25 p3	Vehicle information	22 p3, 30 p2
Investment interest expense	25 p2	Wages, salaries, tips	10, 13.1, 13.2
IRA contributions	24		

2015	1040	US	Client Information	1
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M S Moser & Company, CPA, PC
 2217 So. Florence Pl.
 Tulsa, OK 74114-1840
 Telephone number: (918) 742-1131
 Fax number: (866) 207-5003
 E-mail address:

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) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2013 or 2014)		<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
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 ZIP code		
Foreign Address	Region Postal code Country		

2015

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2015.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

1 p2

2015	1040	US	Dependents	2
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Please add, change or delete information for 2015.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 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"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <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"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
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.....			

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	

2015

1040

US

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

7.1

Please enter all pertinent 2015 information.

APPLICATION OF 2015 OVERPAYMENT (7.1)

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

Other (please explain): _____

2016 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: _____

7.1

2015	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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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)

	2015 Amount	T	S	2014 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2015

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2015 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2015 Amount		2014 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

2015

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2015 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2015 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2015 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2014 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2015 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2014 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

2015	1040	US	Education Distributions (ESA's and QTP's)	14.3
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**Please enter all pertinent 2015 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

		2015 Amount	2014 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
ESA's only:			
2015 contributions to this ESA.....			
Value of this account at 12/31/15 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/14.....			
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
ESA's only:			
2015 contributions to this ESA.....			
Value of this account at 12/31/15 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/14.....			
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
ESA's only:			
2015 contributions to this ESA.....			
Value of this account at 12/31/15 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/14.....			

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

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

INCOME

	2015 Amount	2014 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

2015

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

	2015 Amount	2014 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

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

16 p2

2015	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:40px;" type="text"/>	18
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Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2015 Amount	2014 Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 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... 1=RE prof., activity is trade or business, 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..... 1=single member limited liability company.....	
1=qualified joint venture.....			
1=nonpassive activity, 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.

2015

1040

US

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:		

2015	1040	US	Farm Income (Schedule F/Form 4835)	No. <input style="width:40px;" type="text"/>	19
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Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	<input style="width:90%;" type="text"/>
Employer ID number	<input style="width:90%;" type="text"/>

Agricultural activity code	<input style="width:90%;" type="text"/>	
Accounting method: 1=cash, 2=accrual	<input style="width:90%;" type="text"/>	
1=spouse, 2=joint	<input style="width:90%;" type="text"/>	
1=farm rental (Form 4835)	<input style="width:90%;" type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other	<input style="width:90%;" type="text"/>	
1=crop insurance proceeds election	<input style="width:90%;" type="text"/>	
Received applicable subsidy this year: 1=yes, 2=no	<input style="width:90%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	<input style="width:90%;" type="text"/>	
1=did not "materially participate" (Schedule F only)	<input style="width:90%;" type="text"/>	
1=did not actively participate (Farm rental only)	<input style="width:90%;" type="text"/>	
<small>1=real estate professional, activity is trade or business, 2=real estate professional, not trade or business (farm rental only)</small>	<input style="width:90%;" type="text"/>	
1=single member limited liability company	<input style="width:90%;" type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only)	<input style="width:90%;" type="text"/>	

FARM INCOME

	2015 Amount	2014 Amount
Cash method:		
Sales of livestock and other resale items	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Cost or basis of livestock or other resale items	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Sales of products raised	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Accrual method:		
Sales of livestock, produce, etc.	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Beginning inventory of livestock, etc.	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Cost of livestock, etc. purchased	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Ending inventory of livestock, etc.	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Other farm income:		
Total cooperative distributions	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxable cooperative distributions	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Total agricultural program payments (other than CRP)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxable agricultural program payments (other than CRP)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Total conservation reserve program payments	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxable conservation reserve program payments	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Commodity credit loans reported under election	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Total commodity credit loans forfeited or repaid	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxable commodity credit loans forfeited or repaid	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Total crop insurance proceeds received in 2015	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxable crop insurance proceeds received in 2015	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxable crop insurance proceeds deferred from 2014	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Custom hire (machine work) income not included above	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

2015	1040	US	Partnership and S corporation Information	20.1,20.2
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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

2015

1040

US

Vehicle Expenses

No.

22 p3

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

GENERAL INFORMATION

	2015 Amount	2014 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
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).....		

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.).....				
SIMPLE contributions:				
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
Self-employed health insurance:				
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.....				
Other adjustments to income:				

	Taxpayer		Spouse	
	Alimony paid:			
Recipient's first name....				
Recipient's last name....				
Recipient's SSN.....				
Amount paid		2014 amt:		2014 amt:

2015

1040

US

Itemized Deductions

25

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.

25

2015

1040

US

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)

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

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)

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for volunteer expenses.

Number of charitable miles

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for number of 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)

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for volunteer expenses.

Number of charitable miles

Table with 3 columns: Description, 2015 Amount, TS, 2014 Amount. Includes row for number of charitable miles.

25 p2

2015

1040

US

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

30% limitation (see above):

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

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

Investment expense:

Tax return preparation fee

Safe deposit box rental

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

25 p3

2015

1040

US

Itemized Deductions (continued)

25 p5

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.

1. 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.
2. 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

2015

1040

US

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>1 How Property was Acquired</p> <table style="width: 100%;"> <tr> <td>1 = Purchase</td> <td>3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table>	1 = Purchase	3 = Inheritance	2 = Gift	4 = Exchange	<p>2 Method Used to Determine FMV</p> <table style="width: 100%;"> <tr> <td>1 = Appraisal</td> <td>3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>	1 = Appraisal	3 = Catalog	2 = Thrift shop value	4 = Comparable sales
1 = Purchase	3 = Inheritance								
2 = Gift	4 = Exchange								
1 = Appraisal	3 = Catalog								
2 = Thrift shop value	4 = Comparable sales								

2015	1040	US	Business Use of Home (Form 8829)	No. <input style="width:40px;" type="text"/>	29
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**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:		

2015

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

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.

DEPENDENT CARE EXPENSES (33.1)

	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 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.....		2014 amt:
	1=disabled..... 1=spouse, 2=joint.....		

No. <input 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.....		2014 amt:
	1=disabled..... 1=spouse, 2=joint.....		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input 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.....		2014 amt:
	1=spouse, 2=joint.....		

33.1,33.2

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.	

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.....	

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.....	

QUALIFIED EDUCATION EXPENSES

	2015 Amount	2014 Amount
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 *		

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

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	

	2015 Amount	2014 Amount
Social security, Medicare and income taxes:		
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:		
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		