

2015	1040	US	Miscellaneous Questions
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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.)? |

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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? |

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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	Tax Organizer
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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 enter all pertinent 2015 information.

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

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

CLIENT INFORMATION

Taxpayer

Spouse

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

Address

In care of
 Street address
 Apartment number
 City
 State
 ZIP code

DEPENDENTS

Dependent No.

Dependent No.

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

Dependent No.

Dependent No.

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

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

WAGES, SALARIES AND TIPS

Employer name:

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

2015 Amount	2014 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

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

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

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

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

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

Attach Forms 1099-R & W-2G	_____

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

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....	Attach Forms 1099
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....	Attach Forms 1099
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....	

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....	Attach Forms 1099
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....	

MISCELLANEOUS INCOME

Taxpayer: Alimony received..... _____

Spouse: Alimony received..... _____

Other: _____

_____	_____
_____	_____
_____	_____

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RETIREMENT PLAN CONTRIBUTIONS

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

2015 Amount	2014 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

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

Attach Forms 1098	
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AFFORDABLE CARE ACT

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

Attach Forms 1095	
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ADJUSTMENTS TO INCOME

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

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

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

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

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MEDICAL AND DENTAL EXPENSES

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

TAXES PAID

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

