

2015 1040 US Tax Organizer

Guardian Tax & Accounting LLC
 208 N Springbrook Rd
 NEWBERG, OR 97132
 Telephone number: 503-487-6234
 Fax number:
 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			

2015 1040 US Tax Organizer

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:

Form with 5 rows for entering employer names.

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded box for 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 5 rows for entering payer names.

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded box for 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 5 rows for entering payer names.

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded box for 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 5 rows for entering payer names.

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded box for 'Attach Forms 1099-R & W-2G'.

Winnings not reported on W-2G
Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded box for 'Attach Forms 1099'.

- Form 1099-G - State tax refunds

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded box for 'Attach Forms 1099'.

Taxpayer:

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

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded box for 'Attach Forms 1099'.

Spouse:

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

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded box for 'Attach Forms 1099'.

MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other:

Table with 2 columns: 2015 Amount, 2014 Amount.

2015 1040 US Tax Organizer

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)

Table with 2 columns: 2015 Amount, 2014 Amount. Rows for each contribution type.

OTHER GOVERNMENT FORMS - DEDUCTIONS

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

Attach Forms 1098

AFFORDABLE CARE ACT

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

Attach Forms 1095

ADJUSTMENTS TO INCOME

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

Table for Taxpayer adjustments

Alimony paid - Recipient name & SSN

Table for Alimony paid

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

Table for Spouse adjustments

Alimony paid - Recipient name & SSN

Table for Spouse Alimony paid

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:

Table for Medical and Dental Expenses

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

Table for Taxes Paid

2015 1040 US Tax Organizer

TAXES PAID (continued)

City/local income taxes - 1/15 payment on 2014 city/local estimate.
City/local income taxes - paid with 2014 city/local extension.
City/local income taxes - paid with 2014 city/local return.
State and local sales taxes (except autos and special items).
Use taxes paid on 2015 purchases.
Use taxes paid on 2014 state return.
Sales tax on autos not included above.
Sales taxes paid on boats, aircraft, and other special items.
Real estate taxes - principal residence.
Real estate taxes - property held for investment.
Foreign income taxes.
Personal property taxes (including automobile fees in some states).

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded row for 'Attach Tax Notice'.

INTEREST PAID

Home mortgage interest and points paid:
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Table with 2 columns: 2015 Amount, 2014 Amount. Includes a shaded row for 'Attach Forms 1098'.

Points not reported on Form 1098:

Table with 2 columns: 2015 Amount, 2014 Amount.

Mortgage insurance premiums on post 12/31/06 contracts
Investment interest (interest on margin accounts):

Table with 2 columns: 2015 Amount, 2014 Amount.

Table with 2 columns: 2015 Amount, 2014 Amount.

Passive interest

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).

Volunteer expenses (out-of-pocket)
Number of charitable miles

Table with 2 columns: 2015 Amount, 2014 Amount.

NONCASH CONTRIBUTIONS

NOTE: 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.

Table with 2 columns: 2015 Amount, 2014 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues
Tax return preparation fee.
Safe deposit box rental.
Investment expenses.
Estate tax, section 691(c)
Unreimbursed employee expenses:

Table with 2 columns: 2015 Amount, 2014 Amount.

Other:

Table with 2 columns: 2015 Amount, 2014 Amount.

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

YES NO

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2015?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2015?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?

HEALTH CARE COVERAGE

- Did you and your dependents have health care coverage for the full-year?
- 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.
- 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.

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- 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?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2015?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

2015 1040 US Miscellaneous Questions (continued)

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**

RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

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 different from 2015?

MISCELLANEOUS

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

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?

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

YES

NO

MISCELLANEOUS (continued)

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

Did you incur moving expenses due to a change of employment?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?

Did your bank account information change within the last twelve months?

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

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

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	rs	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	rs	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