

<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**DON FITCH CPA**  
 74-478 Highway 111, #3  
 Palm Desert, CA 92260  
 Telephone number: (760)567-3110  
 Fax number: (760)836-0968  
 E-mail address: [DonFitchCPA@paylesstax.com](mailto:DonFitchCPA@paylesstax.com)

**Tax Return Appointment**

Date:  
 Time:  
 Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2015 tax return. Please enter all pertinent 2015 information.**

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

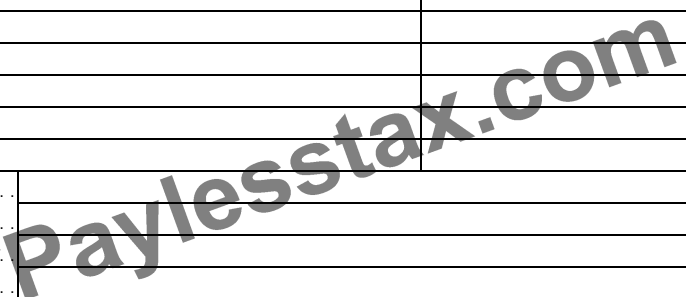
NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

**Taxpayer**

**Spouse**

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		
Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	



**DEPENDENTS**

**Dependent No.**

**Dependent No.**

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

**Dependent No.**

**Dependent No.**

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

**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:

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

2015 Amount	2014 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

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

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

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

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

**OTHER GOVERNMENT FORMS - INCOME**

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments.....
- Form 1099-S - Sales of real estate (also include closing statements)

<b>Attach Forms 1099</b>	
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- Form 1099-G - State tax refunds.....

<b>Attach Forms 1099</b>	_____
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Taxpayer:

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

<b>Attach Forms 1099</b>	_____
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Spouse:

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

<b>Attach Forms 1099</b>	_____
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**MISCELLANEOUS INCOME**

- Taxpayer: Alimony received.....
- Spouse: Alimony received.....
- Other: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

**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).....

2015 Amount	2014 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

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

<b>Attach Forms 1098</b>	

**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.....

<b>Attach Forms 1095</b>	

**ADJUSTMENTS TO INCOME**

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


\_\_\_\_\_


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


\_\_\_\_\_


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


\_\_\_\_\_


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


\_\_\_\_\_


**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.....






<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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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?  |

<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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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.....			

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2015

1040

US

Business Income (Schedule C)

No.

16

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.....		

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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.....		

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Other expenses:

_____		
_____		
_____		
_____		
_____		

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

16 p2





2015

1040

US

Installment Sales (Form 6252)

17 p2

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

**PRIOR YEAR INSTALLMENT SALE**

		2015 Amount	2014 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

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17 p2

2015

1040

US

Sale of Home & Moving Expenses

17, 27

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

SALE OF HOME (17)

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

Adjusted Basis

Original cost
Improvements:
Adjusted basis

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

Total expenses of sale

Reduced Exclusion

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

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

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

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

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

17, 27

<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <input style="width:40px;" type="text"/>	<b>18</b>
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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.....		<b>Type of Property</b> 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=qualified joint venture.....		1=single member limited liability company.....	
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

Partnership and S corporation Information

20.1,20.2

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

<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	<b>20.3,20.4</b>
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Please add, change or delete 2015 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

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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 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).....		

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<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Adjustments to Income</b>	<b>24</b>
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Please enter all pertinent 2015 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

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

**ROTH IRA CONTRIBUTIONS**

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

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

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

**ADJUSTMENTS TO INCOME**

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

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

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 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 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).....				

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<p><b>1</b></p> <p style="text-align: center;"><b>How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance 2 = Gift                              4 = Exchange</p>	<p><b>2</b></p> <p style="text-align: center;"><b>Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog 2 = Thrift shop value              4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
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26

2015

1040

US

Business Use of Home (Form 8829)

No.

29

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

**BUSINESS USE OF HOME**

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

**INDIRECT EXPENSES**

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

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

**DIRECT EXPENSES**

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

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

29

2015

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

**GENERAL INFORMATION**

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

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

**EMPLOYEE BUSINESS EXPENSES**

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

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30

2015

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

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

VEHICLE 1

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

VEHICLE 2

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



2015

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2015 information.

GENERAL INFORMATION

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

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

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

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

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

31.1



2015

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2015 information.

TRAVEL INFORMATION

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

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

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

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

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

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

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

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

Principal country of employment.....

FOREIGN HOUSING EXPENSES

	2015 Amount	2014 Amount
Qualified housing expenses.....	<input type="text"/>	<input type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	

**Travel Type**

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

2015

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.2

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

**FOREIGN WAGES, SALARIES, TIPS**

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

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

**Noncash Income**

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

**Allowances and Reimbursements**

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

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

**Other Foreign Earned Income**


**2015 Days Worked Allocation Information**

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

31.2

<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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**Please enter all pertinent 2015 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.**

**HSA CONTRIBUTIONS**

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

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

**HSA DISTRIBUTIONS**

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

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	<b>32.1</b>
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<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2015 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

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

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

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

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

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

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

2015

1040

US

Qualified Adoption Expenses (Form 8839)

37

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

**ELIGIBLE CHILDREN**

2015 Amount

2014 Amount

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

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37

**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.

2015

1040

US

Health Coverage Form

39.1

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

GENERAL INFORMATION

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

COVERED INDIVIDUAL (#1)

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

COVERED INDIVIDUAL (#2)

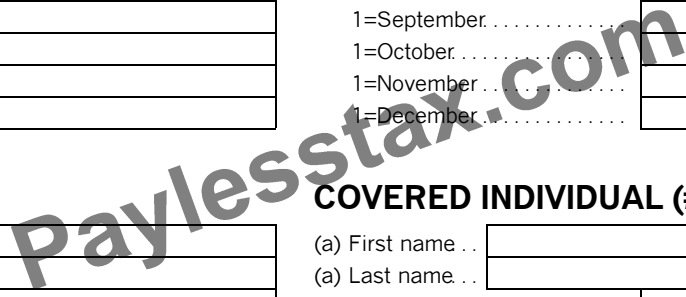
(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2014, 1=December 2014, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#3)

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

COVERED INDIVIDUAL (#4)

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



39.1

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 .....		

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2015

1040

US

Parent's Election to Report Child's Inc.

No.

44

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

CHILD'S INFORMATION

First name .....	
Last name .....	
Social security number.....	
Date of birth (m/d/y) .....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

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

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a): _____		
Qualified dividends (Box 1b) .....		
Total capital gain distributions (Box 2a): _____		
Unrecaptured section 1250 gain (Box 2b) .....		
Section 1202 gain (Box 2c) .....		
Collectibles (28%) gain (Box 2d).....		
Nontaxable distributions (Box 3).....		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds .....		
Nominee distributions:		
Ordinary dividends.....		
Qualified dividends.....		
Capital gain distributions .....		
Alaska permanent fund dividends included above.....		

44

