

National Society of Accountants

**Tax Organizer**  
for Tax Year 2015

**Compliments of:**



**SAL CENSOPRANO**  
Certified Public Accountant

**Name:**  
Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Email Address:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Check One:** Single    Married Filing Joint    Surviving Widow/Widower  
Married Filing Separately (enter spouse's name/SS No. Above)    Unmarried Head of Household

**Dependents**

| Name | Birthdate/<br>Age | Social Security Number* | Relationship | No. of Months lived in<br>your home in 2015 | No. of Months of Qualifying<br>Healthcare Coverage |
|------|-------------------|-------------------------|--------------|---|--|
|      |                   |                         |              |   |  |
|      |                   |                         |              |   |  |
|      |                   |                         |              |   |  |
|      |                   |                         |              |   |  |
|      |                   |                         |              |   |  |
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|      |                   |                         |              |   |  |
|      |                   |                         |              |   |  |
|      |                   |                         |              |   |  |
|      |                   |                         |              |   |  |

\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.

Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students \_\_\_\_\_

**Taxpayer:** 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2015.**

**YES NO**

Did you receive any employer-provided educational assistance? \$ \_\_\_\_\_

Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?

Did you contribute to a Qualified State Tuition Plan?

If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ \_\_\_\_\_

Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.

If yes, were you or your spouse at least 70 ½ years of age on Dec. 31<sup>st</sup>?

Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:

Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Were any funds withheld? Yes No Amount: \$ \_\_\_\_\_

Were the withdrawn funds used to pay medical expenses? Yes No

Were you called to active duty before you withdrew the amounts?

If you are self-employed, did you pay health insurance premiums for yourself and your family?

Amount: \$ \_\_\_\_\_

Did you pay alimony? If yes, paid to: \_\_\_\_\_

SS no.: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Did you receive alimony, if so how much? \$ \_\_\_\_\_

**YES NO**

Did you have any adoption expenses? \$ \_\_\_\_\_

Did you receive gifts in excess of \$15,601 from a foreign entity?

Did you receive gifts in excess of \$100,000 from a foreign person?

Did your college student receive educational benefits under a prepaid tuition program?

Do you wish to designate 3% of your taxes to the Presidential Campaign Fund?

Did you receive an advance child tax credit payment? If yes, how much? \$ \_\_\_\_\_

Have you ever qualified for the Earned Income Tax Credit?

Did you purchase an alternative fuel motor vehicle?

Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.

Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?

Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?

Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2015 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If you or any member of your family did **NOT** have coverage all year, indicate the # of months of coverage for each person in the dependent section at the beginning of this organizer.

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.

## Estimated Tax Payments

|         | 1 <sup>st</sup> |        | 2 <sup>nd</sup> |        | 3 <sup>rd</sup> |        | 4 <sup>th</sup> |        | TOTAL |
|---------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|-------|
|         | Date Paid       | Amount | Date Paid       | Amount | Date Paid       | Amount | Date Paid       | Amount |       |
| Federal |                 |        |                 |        |                 |        |                 |        |       |
| State   |                 |        |                 |        |                 |        |                 |        |       |
| City    |                 |        |                 |        |                 |        |                 |        |       |

**Wage Income**

| Employer's Name | T or S | Wages | Federal W/H | FICA | Medicare | State W/H | City W/H |
|-----------------|--------|-------|-------------|------|----------|-----------|----------|
|                 |        |       |             |      |          |           |          |
|                 |        |       |             |      |          |           |          |
|                 |        |       |             |      |          |           |          |
|                 |        |       |             |      |          |           |          |
|                 |        |       |             |      |          |           |          |
|                 |        |       |             |      |          |           |          |

| Payer | T or S | Amount | Plan Type |
|-------|--------|--------|-----------|
|       |        |        |           |
|       |        |        |           |

**Retirement Benefits Received** (Enclose all 1099R Forms)

| Payer | T or S | Amount | Plan Type |
|-------|--------|--------|-----------|
|       |        |        |           |
|       |        |        |           |

**Interest Income** (Enclose all 1099-INT Forms)

| Payer | T or S | Amount | Seller Financed Mortgage | Early Withdrawal Penalty | Tax Exempt (Y or N) |
|-------|--------|--------|--------------------------|--------------------------|---------------------|
|       |        |        |                          |                          |                     |
|       |        |        |                          |                          |                     |

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Total Municipal Bond Interest Earned in 2015: \$ \_\_\_\_\_

For seller financed mortgage: Buyer's name, Social Security number and addresses: \_\_\_\_\_

**Dividend Income** (Enclose all 1099-DIV Forms)

| Payer | T or S | Total Amount |  | Qualified Dividends |  | Capital Gain Dist. |  | Non-Taxable |  |
|-------|--------|--------------|--|---------------------|--|--------------------|--|-------------|--|
|       |        |              |  |                     |  |                    |  |             |  |
|       |        |              |  |                     |  |                    |  |             |  |
|       |        |              |  |                     |  |                    |  |             |  |
|       |        |              |  |                     |  |                    |  |             |  |
|       |        |              |  |                     |  |                    |  |             |  |
|       |        |              |  |                     |  |                    |  |             |  |
|       |        |              |  |                     |  |                    |  |             |  |

Do you have funds in a foreign account? Yes  No

Did you have any stock sales in 2015? If yes, submit all 1099B forms. Yes  No

Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_

Buyer's name: \_\_\_\_\_ SS # \_\_\_\_\_ Address: \_\_\_\_\_

**Other Benefits/Income Received** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

|          | Social Security | Unemployment | Alimony | State Refund | Other |
|----------|-----------------|--------------|---------|--------------|-------|
| Taxpayer |                 |              |         |              |       |
| Spouse   |                 |              |         |              |       |

**Capital Assets Sold** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

| Description of Property | Date     |      | Sale Price | Depreciation Taken (if applicable) | Cost or Basis |  |
|-------------------------|----------|------|------------|------------------------------------|---------------|--|
|                         | Acquired | Sold |            |                                    |               |  |
|                         |          |      |            |                                    |               |  |
|                         |          |      |            |                                    |               |  |
|                         |          |      |            |                                    |               |  |
|                         |          |      |            |                                    |               |  |
|                         |          |      |            |                                    |               |  |
|                         |          |      |            |                                    |               |  |
|                         |          |      |            |                                    |               |  |

\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

**Rental Income** (Attach 1099 Forms)

|                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Property Description    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gross Income            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expenses                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Advertising             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Auto & Travel           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cleaning & Maintenance  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Commissions             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Insurance               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Professional Fees       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mortgage Interest       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Interest          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Repairs                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplies                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Taxes                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Utilities               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wages/Schedule          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| % Occupancy by Taxpayer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Depreciable Asset Additions**

| For Schedule<br>C, E, F, 2106 | Description | Date Purchased | Cost | Trade-In (if any) |
|-------------------------------|-------------|----------------|------|-------------------|
|                               |             |                |      |                   |
|                               |             |                |      |                   |

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**Improvements to Personal Residence** Note: If you refinanced your home this year, please bring a copy of your closing statement.

| For Schedule<br>C, E, F, 2106 | Description | Date Purchased | Cost |  |
|-------------------------------|-------------|----------------|------|--|
|                               |             |                |      |  |
|                               |             |                |      |  |
|                               |             |                |      |  |
|                               |             |                |      |  |
|                               |             |                |      |  |

**Business Income** (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_

Federal ID No. \_\_\_\_\_

Principal Business Activity \_\_\_\_\_

Principal Product \_\_\_\_\_

Method Used to Value Inventory \_\_\_\_\_

Accounting Method: Cash \_\_\_\_\_ Accrual \_\_\_\_\_

**Gross Income** **Amount**

Gross Income..... \_\_\_\_\_

Less Returns/Allowances..... \_\_\_\_\_

**Cost of Sales**

Beginning Inventory..... \_\_\_\_\_

Purchases..... \_\_\_\_\_

Cost of Labor..... \_\_\_\_\_

Materials and Supplies..... \_\_\_\_\_

Freight In..... \_\_\_\_\_

Other..... \_\_\_\_\_

Ending Inventory..... \_\_\_\_\_

**Deductions**

|                                     |  |  |
|-------------------------------------|--|--|
| Advertising.....                    |  |  |
| Auto-Truck Expense.....             |  |  |
| Bad Debts.....                      |  |  |
| Collection Expense.....             |  |  |
| Commissions.....                    |  |  |
| Professional Dues & Subscriptions.. |  |  |
| Employee Benefit Program.....       |  |  |
| Freight & Express .....             |  |  |
| Utilities.....                      |  |  |
| Insurance.....                      |  |  |
| Interest—Mortgage.....              |  |  |
| Interest—Other.....                 |  |  |
| Janitorial & Cleaning.....          |  |  |
| Laundry.....                        |  |  |
| Legal & Accounting Fees.....        |  |  |
| Office Expense.....                 |  |  |
| Postage.....                        |  |  |
| Rent.....                           |  |  |
| Repairs.....                        |  |  |
| Salaries.....                       |  |  |
| Supplies.....                       |  |  |
| Telephone.....                      |  |  |
| Travel.....                         |  |  |
| Total Meals & Entertainment.....    |  |  |
| .....                               |  |  |
| .....                               |  |  |

|                                  |  |  |
|----------------------------------|--|--|
| Crop Insurance Proceeds.....     |  |  |
| Federal Gasoline Tax Credit..... |  |  |
| Other.....                       |  |  |

**Deductions**

|                                     |  |  |
|-------------------------------------|--|--|
| Breeding Fees.....                  |  |  |
| Chemicals.....                      |  |  |
| Conservation Expenses.....          |  |  |
| Custom Hire (Machine Work).....     |  |  |
| Employee Benefits Programs.....     |  |  |
| Feed Purchased.....                 |  |  |
| Fertilizers & Lime .....            |  |  |
| Freight & Trucking .....            |  |  |
| Gasoline, Fuel, Oil.....            |  |  |
| Insurance .....                     |  |  |
| Interest—Mortgage.....              |  |  |
| Interest—Other.....                 |  |  |
| Labor Hired .....                   |  |  |
| Pension & Profit Sharing Plans..... |  |  |
| Rent of Farm, Pasture.....          |  |  |
| Repairs, Maintenance .....          |  |  |
| Seeds, Plants Purchased .....       |  |  |
| Storage, Warehousing.....           |  |  |
| Supplies Purchased.....             |  |  |
| Taxes .....                         |  |  |
| Utilities .....                     |  |  |
| Veterinary Fees, Medicine.....      |  |  |
| .....                               |  |  |
| .....                               |  |  |

Did you have business start-up costs in 2015? Yes No  
 If so, was the business running by the end of 2015? Yes No  
 Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2015? Provide all copies of K-1.

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.  
 Nature of Business Activity Performed in Home: \_\_\_\_\_  
 Was Another Office Available to You Outside the Home? Yes No

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

**Retirement Contributions for 2015** Do you want to make any nondeductible contributions? \_\_\_\_\_  
 Taxpayer

**Farm Income** (Attach 1099 Forms)

Farm Name \_\_\_\_\_  
 Principal Activity \_\_\_\_\_  
 Accounting Method: Cash Accrual

IRA or Roth, Specify  
 SEP  
 Keogh  
 Other:

**Income**

Sales of Items Bought for Resale..... \_\_\_\_\_  
 Cost of Items Bought for Resale..... \_\_\_\_\_

**Sales of Livestock & Produce Raised Except for Breeding Stock**

|                                      |  |  |
|--------------------------------------|--|--|
| Feeders & Calves.....                |  |  |
| Pigs & Sheep .....                   |  |  |
| Poultry & Eggs .....                 |  |  |
| Dairy Products.....                  |  |  |
| Corn, Peas, etc. ....                |  |  |
| Wheat, Oats, Hay & Straw .....       |  |  |
| Fruit .....                          |  |  |
| Patronage Dividends .....            |  |  |
| Agricultural Program Payments.....   |  |  |
| Commodity Credit Loans Neglected.... |  |  |
| CCC Loans: Forfeited.....            |  |  |
| Repaid with Certificates.....        |  |  |

**Personal Itemized Deductions**

| Medical                              | Amount |
|--------------------------------------|--------|
| Prescription Drugs.....              |        |
| Medical Insurance Premiums.....      |        |
| Long Term Care Ins. Premiums.....    |        |
| Medicare Premiums.....               |        |
| Doctors/Dentists.....                |        |
| Clinic/Lab Tests.....                |        |
| Hospitals.....                       |        |
| Eyeglasses/Hearing Aids.....         |        |
| Orthopedic Shoes/Braces.....         |        |
| Medical Long Distance Phone.....     |        |
| Other.....                           |        |
| .....                                |        |
| ..... Miles.....                     |        |
| Fares: Taxi, Bus, etc.....           |        |
| Do you have a medical savings acct.? |        |

**Interest**

|   |       |       |
|---|-------|-------|
| Deductible Home Mortgage Interest Paid to Financial Institutions..... | _____ | _____ |
| Home Equity Interest.....   | _____ | _____ |
| Deductible Home Mortgage Interest Paid to Individuals:*               |       |       |
| Name Address:*  | _____ | _____ |
| Social Security No.:*   | _____ | _____ |
| *Failure to provide is subject to a \$50 penalty.                     |       |       |
| Deductible Points (Include Amortization Points from Prior Years)..... | _____ | _____ |
| Investment Interest (list).....                                       | _____ | _____ |
| _____   | _____ | _____ |
| _____   | _____ | _____ |
| _____   | _____ | _____ |

\*Contributions of \$250 or more require written substantiation from the organizations.

**Miscellaneous Deductions Subject to 2% AGI**

|  |       |       |
|--|-------|-------|
| Unreimbursed Employee Business Expense | _____ | _____ |
| Union & Professional Dues.....         | _____ | _____ |
| Safe Deposit Box Rental.....           | _____ | _____ |
| Tax Return Preparation Fee.....        | _____ | _____ |
| Business Publications.....             | _____ | _____ |
| Business Telephone Calls.....          | _____ | _____ |
| Tools, Supplies, Equipment.....        | _____ | _____ |
| Employment-Related Education.....      | _____ | _____ |
| Investment Expenses.....               | _____ | _____ |
| Other.....                             | _____ | _____ |

**Miscellaneous Deductions Not Subject to 2% AGI**

|   |       |       |
|---|-------|-------|
| Gambling Losses (limited to winnings).. | _____ | _____ |
|---|-------|-------|

**Household Employee Information**

Household Employer EIN: \_\_\_\_\_

Did you pay any one household employee \$1,900 or more in 2015? Yes No

Did you withhold Federal income tax during 2015 at the request of any household employee? Yes No

Did you pay total cash wages of \$1,000 in any calendar quarter of 2015 to household employees? Yes No

Was the employee under age 18? Yes No Student? Yes No

Do you have a Form I-9 on file for your household employee? Yes No

Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Gross Wages    FITW    SS Withheld    Employer Share FICA    Advance EIC    FUTA    State Unemployment

**Moving Expenses**

Enter No. of miles from your old home to your *new* workplace \_\_\_\_\_.

Enter No. of miles from your old home to your *old* workplace \_\_\_\_\_.

Date of Move \_\_\_\_\_ Arrival at New Location \_\_\_\_\_

|  | Amount |                                 | Amount |
|--|--------|---------------------------------|--------|
| Cost to Ship and Pack Household Goods... | _____  | Reimbursements (on W-2)? Yes No | _____  |
| Cost to Travel to New Home.....          | _____  | Other: _____                    | _____  |
| Cost of Lodging during Move.....         | _____  |                                 | _____  |

**Taxes**

|  |       |       |
|--|-------|-------|
| Real Estate.....                       | _____ | _____ |
| Personal Property.....                 | _____ | _____ |
| State & Local Income Tax.....          | _____ | _____ |
| State & Local General Sales Tax.*..... | _____ | _____ |
| _____                                  | _____ | _____ |

\*Not yet extended

**Charitable Contributions**

|                                    |       |       |
|------------------------------------|-------|-------|
| Cash Contributions*.....           | _____ | _____ |
| _____                              | _____ | _____ |
| _____                              | _____ | _____ |
| Other Than Cash Contributions..... | _____ | _____ |
| _____                              | _____ | _____ |
| _____                              | _____ | _____ |
| Miles for Charity.....             | _____ | _____ |

**Employee Business Expense**

| Travel Expense     | Amount |
|--------------------|--------|
| Air Fares.....     | _____  |
| Auto Rentals.....  | _____  |
| Entertainment..... | _____  |
| Garage.....        | _____  |
| Hotel/Motel.....   | _____  |
| Meals.....         | _____  |
| Parking.....       | _____  |
| Postage.....       | _____  |

**Automobile Expense**

Total Miles Driven

Car 1 \_\_\_\_\_

Car 2 \_\_\_\_\_

Total Mileage \_\_\_\_\_

Business Mileage \_\_\_\_\_

Business Use % \_\_\_\_\_

Average Daily Commuting \_\_\_\_\_

Written Records Available Y/N Y/N

Is another vehicle available for personal use?

Y/N

Y/N

Is an employer-provided vehicle available for personal use?

Y/N

Y/N



