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BUCKNER WADSWORTH & ASSOCIATES, LLP
36 SOUTH 18TH AVENUE, SUITE F
BRIGHTON, CO 80601
PHONE 303-654-0120 FAX 303-654-0463

2015 TAX ORGANIZER

**T
O**

NAME:
ADDRESS:

This tax organizer has been prepared for your use in gathering the information needed for your 2015 tax return.

To save you time, selected information from your 2014 tax return has been entered in this organizer. Please line through any information that does not apply to your 2015 tax return.

In some cases, 2014 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

303-654-0120

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER



January 2016

All of us at Buckner Wadsworth & Associates hope that we find you and your family in good health and send our best wishes for the New Year. It is once again our pleasure to assist you with your income tax needs.

We want you to use the Tax Organizer as a guide in gathering and presenting your information to us. Although the full completion of the organizer is encouraged, it is not practical in all cases nor is it required. Included in the Tax Organizer are notations as to what income and deductions you had on your 2014 tax return. In our return preparation process we compare last year's income and deductions with the current year data. If you have significant changes from last year, please let us know in advance or make notations on the organizer.

The professional standards we adhere to strongly recommend the use of a written engagement letter with our individual tax clients. Your organizer includes two copies of this letter, one for your records, and one to be signed and returned to us.

Also included in the Tax Organizer are a series of questions which we need you to answer. The purpose of this is two-fold:

To alert us that you may qualify for additional deductions and/or tax credits – as you may be aware, there are several targeted tax incentives that you may or may not be entitled to given your specific facts and circumstances. The questions in the organizer allow us to analyze your situation so that we can determine if you qualify for any special tax incentives.

Over the last few years the IRS has created a series of additional compliance and reporting requirements. Answering the questions will help ensure that a complete and accurate return is filed.

We realize that many of these questions are technical in nature. If you do not understand the purpose or nature of the question, please make a notation so that we may review those issues with you.

To insure that we have the necessary time to accurately complete your return we ask that you contact our office no later than March 25, 2016. This deadline allows us time to schedule your work and make sure a quality return is completed. Even if you do not have all of the information necessary to complete the return we ask that you make arrangements to provide us with the information you do have at this date.

Additionally, we will not file an extension of time to file on your behalf unless you contact our office.

As always, we want you to know that you are important to us and we appreciate your business and referrals.

Sincerely,

Buckner Wadsworth & Associates, LLP



January 2016

Name:
Address:

Dear Mr. and Mrs. :

Client Copy - Save for your Records

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2015 federal and requested state income tax returns from information which you furnish us. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of the information. We will furnish you with questionnaires to help you gather and organize the necessary information for us, in order to keep our fee to a minimum, and to assist you in keeping pertinent information from being overlooked.

It is your responsibility to maintain, in your records, canceled checks and other documentation necessary to support the data used in preparing your tax returns, including but not limited to auto, travel, entertainment, and related expenses and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before they are filed. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, or for resulting taxes, penalties, and interest.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We are responsible for preparing only the returns listed above. Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you and our fees for such services are at our standard rates.

We will use our professional judgment to resolve questions in your favor where the tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your

return. We will follow whatever position you request, so long as it is consistent with the codes, regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. We assume no liability for any such additional penalties or assessments.

The charges for our work are based upon the time involved, degree of responsibility assumed, and skills required, plus direct expenses. All invoices for services are due when submitted. If an invoice for services is not paid when due, we reserve the right to cease work and withdraw from the engagement. We will charge interest on the unpaid balance of any invoice at the monthly rate of 1 ½ % which is an ANNUAL PERCENTAGE RATE OF 18%. In the event that any collection action is required to collect unpaid balances due us, reasonable attorney fees and expenses shall be recoverable.

It is our firm's policy to retain copies of your tax returns for seven years, after which they will be destroyed.

Lastly, we appreciate your business and referrals, and are pleased to have you as a client. We look forward to a long and productive relationship.

If the above sets forth your understanding, please sign this letter and retain the other copy for your records. In the absence of your signature(s), the return of the completed tax organizer or other information necessary for the preparation of your return shall be deemed to be acceptance of the terms embodied in this engagement letter.

Sincerely,

Buckner Wadsworth & Associates, LLP

Accepted: (Client Copy)

Taxpayers Signature: _____ Date: _____

Spouses Signature: _____ Date: _____

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**NAME:
ADDRESS:**

2015 TAX ORGANIZER

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**BUCKNER WADSWORTH & ASSOCIATES, LLP
36 SOUTH 18TH AVENUE, SUITE F
BRIGHTON, CO 80601
PHONE 303-654-0120 FAX 303-654-0463**

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date



January 2016

Name:
Address:

Dear Mr. and Mrs. :

BWA Copy - Please Sign

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Sincerely,

Buckner Wadsworth & Associates, LLP

Accepted: (Sign Below)

Taxpayers Signature: _____ Date: _____

Spouses Signature: _____ Date: _____



PRIVACY POLICY

CPA's, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPA's have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Topic Index

<u>Form</u>	<u>Form</u>		
Alimony Paid or Received	13	Gambling Winnings	21
Annuity Payments Received	9A, 13	Gifts	34, 35
Application of Refund	20	Health Savings Accounts	13A
Business Income and Expenses	6, 6A	Household Employment Taxes	19
Business Use of Home:		Installment Sale Receipts	7
Business	6D	Interest Income	5A
Employee Business Expenses	17A	Interest Paid	14A
Farm	12E	Investment Interest Expense	14A
Itemized Deductions	16A	IRA Contributions	9
Passthrough	11B	IRA Distributions	9, 13
Rental	10E	Keogh Plan Contributions	9A
Calendar	33	Medical and Dental Expenses	14
Casualty or Theft Losses	16	Ministerial Income	13B
Child and Dependent Care Expenses	18	Miscellaneous Income and Adjustments	13
Consolidated Brokerage Statements:		Miscellaneous Itemized Deductions	16
Interest Income & Foreign Information	5E	Mortgage Interest Paid	14A
Dividend Income & Foreign Information	5F	Moving Expenses	8
Sales of Stocks, Securities, Capital Assets & Misc. Income	5G	Partnership Income	11
Contributions	15	Pension Income	9A, 13
Dependent Information	3A	Personal Information	3
Depreciable Property and Equipment:		Railroad Retirement Benefits	13
Business	6A	Real Estate Mortgage Investment Conduit Income (REMIC) ...	11
Employee Business Expenses	17	Rental and Royalty Income and Expenses	10, 10A
Farm	12B	Roth IRA Contributions/Conversions	9
Rental and Royalty	10B	S Corporation Income	11
Direct Deposit Information	4A	Sale of Stock, Securities and Other Capital Assets	7
Dividend Income	5B	Sale of Your Home	8
Education Expenses	18	Savings Bond Purchases	4B
Educator (Teacher) Expenses	13A	SEP/SIMPLE Plan Contributions	9A
Electronic Filing	4	Social Security Benefits	13
Employee Business Expenses	17	State and Local Tax Refunds	13
Estate Income	11	Student Loan Interest	13
Farm Income and Expenses	12, 12A, 12B	Taxes Paid	14
Federal, State and City Estimated Taxes	20, 20A	Trust Income	11
Foreign Assets	5C, 5D	Unemployment Compensation	13
Foreign Employment Information	30, 30A, 30B	Vehicle/Other Listed Property Information:	
Foreign Housing Expenses	30C	Business	6B, 6C
Foreign Taxes	32	Employee Business Expenses	17
Foreign Travel and Workdays	30D	Farm	12C, 12D
Foreign Wages and Other Income	31, 31A, 31B	Rental and Royalty	10C, 10D
		Partnership/S Corporation	11A
		Wages and Salaries	3A



2015

Questions (Page 1 of 5)

The following questions pertain to the 2015 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

Did your marital status change?
Are you married?
If Yes, do you and your spouse want to file separate returns?
If No, are you in a domestic partnership, civil union, or other state-defined relationship?
Can you or your spouse be claimed as a dependent by another taxpayer?
Did you or your spouse serve in the military or were you or your spouse on active duty?
Have you or your spouse been a victim of identity theft and have you contacted the IRS?
If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. Taxpayer Spouse

Dependents:

Were there any changes in dependents from the prior year?
Note: Include non-child dependents for whom you provided more than half the support.
Did you or your spouse pay for child care while you or your spouse worked or looked for work?
Do you have any children under age 18 with unearned income more than \$1,050?
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?
Did you adopt a child or begin adoption proceedings?
Are any of your dependents non-U.S. citizens or non-U.S. residents?

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage.
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?
Did you apply for an exemption through the Marketplace?
If Yes, provide the Exemption Certificate Number.
Are any of your dependents required to file a tax return?



2015

Questions (Page 2 of 5)

2B

Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? Yes No
- Were you eligible for employer-sponsored healthcare coverage? Yes No
- If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? Yes No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)? Yes No
If you received a distribution from an HSA include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? Yes No
If you received a distribution from an MSA include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts? Yes No
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? Yes No
If Yes, how many months were you covered? _____
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? Yes No
If Yes, how many months were you covered? _____
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? Yes No

Education:

- Did you or your spouse pay any student loan interest? Yes No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? Yes No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? Yes No
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? Yes No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? Yes No
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses? Yes No
- Did you or your spouse make any large purchases, such as motor vehicles and boats? Yes No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? Yes No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? Yes No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? Yes No
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.
_____ Gallons _____ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? Yes No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? Yes No



2015

Questions (Page 3 of 5)

2C

Investments:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- | | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

- | | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



2015

Questions (Page 4 of 5)

2D

Sale of Your Home:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>



Questions (Page 5 of 5)

Miscellaneous:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional state pages have been included at the back of the organizer and should be reviewed.



2015

Personal Information

Taxpayer:

NAME :

First Name and Initial _____

Last Name _____

ON FILE

Social Security Number _____

Occupation _____

Date of Birth (Mo/Da/Yr) _____

Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____

Issue Date (Mo/Da/Yr) _____

Expiration Date (Mo/Da/Yr) _____ State _____

Spouse:

First Name and Initial _____

Last Name _____

ON FILE

Social Security Number _____

Occupation _____

Date of Birth (Mo/Da/Yr) _____

Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____

Issue Date (Mo/Da/Yr) _____

Expiration Date (Mo/Da/Yr) _____ State _____

Contact Information:

ADDRESS :

Street Address _____

Apartment Number _____

CITY, STATE, ZIP :

City _____

State _____

ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____

Spouse Daytime/Work Phone _____

Taxpayer Evening/Home Phone _____

Spouse Evening/Home Phone _____

Taxpayer Foreign Phone _____

Spouse Foreign Phone _____

Taxpayer Cell Phone _____

Spouse Cell Phone _____

Taxpayer Fax Number _____

Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?
Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
X	

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?
Are you a U.S. citizen or Green Card holder?

Taxpayer		Spouse	
Yes	No	Yes	No

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2015

Dependents and Wages

3A

Dependent Information:

Did dependent have income over \$4,000?



First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

If any of your dependents were a victim of identity theft and you have contacted the IRS, provide the identity protection PIN issued to you by the IRS.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld					
			Federal	FICA/TIER 1	Medicare	State	Local	



2015

Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?		Yes	No
Taxpayer		<input type="checkbox"/>	<input type="checkbox"/>
Spouse		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2015

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2014, your account information may already be included below.

Would you like any refunds owed to you directly deposited?	Yes No
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
--	---

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
--	---

Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?	<input type="checkbox"/> <input type="checkbox"/>
---	---

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings	<input type="checkbox"/> myRA
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings	

Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------	------------------------------	-----------------------------

Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
---------------	-----------------------------------	---------------------------------	--------------------------------

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited?	Yes No
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
--	---

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
--	---

Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?	<input type="checkbox"/> <input type="checkbox"/>
---	---

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings	<input type="checkbox"/> myRA
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings	

Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------	------------------------------	-----------------------------

Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
---------------	-----------------------------------	---------------------------------	--------------------------------

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



Interest Income

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2014 Interest Amount
Total						

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2015 Interest Amount	2014 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



2015

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2014 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



2015

Business Income and Cost of Goods Sold

Name of Business: NAME: _____

Principal Business or Profession: ... USE IF APPLICABLE _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting CASH _____

Business Questions for 2015:

	Yes	No
Did you dispose of this business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date?		
(Mo/Da/Yr) _____		
Was there a change in determining quantities, costs or valuations between opening and closing inventory?	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>

	2015 Amount	2014 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2015 Amount	2014 Amount

Miscellaneous income:

Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other Income:

Description	2015 Amount	2014 Amount

Other gross receipts or sales

Less returns and allowances

Cost of Goods Sold:

	2015 Amount	2014 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other costs of goods sold:

Description	2015 Amount	2014 Amount

Ending inventory



2015

Business Expenses and Property & Equipment

6A

Name of Business: NAME: _____

Principal Business or Profession: ... USE IF APPLICABLE _____

Expenses:

- Advertising
- Car and truck expenses
- Parking fees and tolls
- Commissions and fees
- Contract labor
- Employee benefit programs and health insurance (other than pension and profit-sharing plans)
- Insurance (other than health)
- Interest - mortgage (paid to banks, etc.)
- Interest - other
- Legal and professional fees
- Office expense
- Pension and profit-sharing plans
- Rent or lease - vehicles, machinery and equipment
- Rent or lease - other business property
- Repairs and maintenance
- Supplies (not included in Cost of Goods Sold)
- Taxes and licenses
- Travel
- Meals and entertainment
- Utilities
- Wages
- Dependent care benefits

2015 Amount	2014 Amount

Other Expenses:

Description	2015 Amount	2014 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2015

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years	<input type="checkbox"/>	<input type="checkbox"/>

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2015 Principal Received	2014 Principal Received



2015

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2015 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2014 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2015 Amount	2015 Amount



2015

Rental and Royalty Income

Location of Property: _____

TSJ

Type of property ... **USE IF APPLICABLE**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you prepared or will you prepare all required Forms 1099?

Ownership percentage if not 100%

How many days was this property rented at fair market value?

How many days was this property used personally (including use by family members)?

2015	2014

Income:

Rents received

Royalties received

2015 Amount	2014 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2015 Amount	2014 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2015 Amount	2014 Amount

Other income:

Description	2015 Amount	2014 Amount



2015

Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2015 Amount	2014 Amount	2015 Amount	2014 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2015				
Social security benefits received				
Social security benefits repaid in 2015				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2015				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2015 Amount	2014 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2015 Amount	2014 Amount



2015

Miscellaneous Adjustments

13A

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2015 Amount	2014 Amount

Health Savings Accounts (HSAs)

TS	Description	2015 Amount	2014 Amount
	Contributions made for 2015		
	Distributions received from all HSAs in 2015		

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2? Yes No

Were all distributions from your HSA for unreimbursed medical expenses? Yes No

Did you or your spouse enroll in Medicare? Yes No

If Yes, what month did you enroll? _____

What month did your spouse enroll? _____

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2015 Amount	2014 Amount



2015

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid *
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts

TSJ	2015 Amount	2014 Amount

	2015 Amount	2014 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2015 Amount	2014 Amount

Taxes Paid: Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items

TSJ	2015 Amount	2014 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2015 Amount	2014 Amount

Other Taxes Paid:

TSJ	Description	2015 Amount	2014 Amount

If you purchased or sold your home in 2015, did you include any taxes from your closing statement in the amounts above? Yes No



2015

Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2015:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2015 Amount	2014 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2015 Amount	2014 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2015 Amount	2014 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2015 Amount	2014 Amount



2015

Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2015 Amount	2014 Amount

TSJ	Conservation Real Property	2015 Amount	2014 Amount
	100% limit		
	50% limit		

TSJ	Description	2015 Miles	2014 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2015 Amount	2014 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property
Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



2015

Federal Tax Payments

Refund Application:

If you have an overpayment of 2015 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2016 estimated tax liability Yes No

Federal Estimated Tax Payments:

2015 1st Quarter Estimate (Due 04-15-2015)
 2015 2nd Quarter Estimate (Due 06-15-2015)
 2015 3rd Quarter Estimate (Due 09-15-2015)
 2015 4th Quarter Estimate (Due 01-15-2016)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2014 overpayment applied to 2015 estimate

Tax Planning Information for Tax Year 2016:

Do you expect any of the following to occur in 2016?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



2015

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate
 2015 2nd Quarter Estimate
 2015 3rd Quarter Estimate
 2015 4th Quarter Estimate

If you have an overpayment of 2015 taxes, do you
 want the excess applied to your 2016 estimated tax liability? Yes No

2014 overpayment applied to 2015 estimate
 Balance of prior year(s)' tax paid in 2015 plus
 amount paid with 2014 extensions
 Estimated tax payments for 2014 paid in 2015

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate
 2015 2nd Quarter Estimate
 2015 3rd Quarter Estimate
 2015 4th Quarter Estimate

If you have an overpayment of 2015 taxes, do you
 want the excess applied to your 2016 estimated tax liability? Yes No

2014 overpayment applied to 2015 estimate
 Balance of prior year(s)' tax paid in 2015 plus
 amount paid with 2014 extensions
 Estimated tax payments for 2014 paid in 2015

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 1st Quarter Estimate
 2015 2nd Quarter Estimate
 2015 3rd Quarter Estimate
 2015 4th Quarter Estimate

If you have an overpayment of 2015 taxes, do you
 want the excess applied to your 2016 estimated tax liability? Yes No

2014 overpayment applied to 2015 estimate
 Balance of prior year(s)' tax paid in 2015 plus
 amount paid with 2014 extensions
 Estimated tax payments for 2014 paid in 2015



2015

Colorado Information

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

If you live in a special use tax district, enter the name of the district _____

Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Colorado for all of 2015, enter the dates you did live in Colorado _____

Enter the state names other than Colorado where you had income _____

Education Savings:

Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account? Yes No

If Yes, enter the following:

TS	Account Holder Name	Account Holder Social Security Number	Account Number	2015 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2015 tax return to:

Nongame and Endangered Wildlife Cash Fund	<input type="text"/>
Colorado Domestic Abuse Program Fund	<input type="text"/>
Homeless Prevention Activities Program Fund	<input type="text"/>
American Red Cross Colorado Disaster Response Readiness and Preparedness Fund	<input type="text"/>
Western Slope Military Veterans' Cemetery Fund	<input type="text"/>
Pet Overpopulation Fund	<input type="text"/>
Colorado for Healthy Landscapes Fund	<input type="text"/>
Habitat for Humanity of Colorado Fund	<input type="text"/>
Military Family Relief Fund	<input type="text"/>
Special Olympics of Colorado Fund	<input type="text"/>
Round Up River Ranch Fund	<input type="text"/>
9Health Fair Fund	<input type="text"/>
Colorado Youth Corps Association Fund	<input type="text"/>
Public Education Fund	<input type="text"/>

Enter Any Additional Colorado Information:
