



LOCH, ELSENBAUMER, NEWTON & CO.

A PROFESSIONAL CORPORATION

ACCOUNTANTS AND CONSULTANTS

INDIVIDUAL INCOME TAX ORGANIZER

2015

Taxpayer Name: _____

Spouse's Name: _____

Day Time Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Address (if different from last year):

Local Municipality: _____

Date Moved: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS - Y(YES)/N(NO)

IF THE ANSWER IS YES, PLEASE:

- | | | |
|--|-----|--|
| 1. Did you receive any income from: | | |
| Wages and salary | ___ | Submit all Form W-2's |
| Interest income | ___ | Submit Forms 1099-INT |
| Dividend income | ___ | Submit Forms 1099-DIV |
| Sale of stock or securities | ___ | See summary on page 3 |
| Installment sales | ___ | See summary on page 4 |
| Sale of other property | ___ | See summary on page 3 |
| Sale of principal residence | ___ | Call us prior to your appointment |
| IRA, pension or annuity distributions | ___ | Submit Form(s) 1099R and see page 3 |
| Unemployment compensation | ___ | Submit Form(s) 1099-G |
| Did you receive COBRA assistance payments | ___ | |
| Social security benefits | ___ | Submit Form(s) SSA - 1099 |
| Refund of state or local income taxes | ___ | Submit Form(s) 1099-G |
| Alimony | ___ | Enter amount received \$_____ |
| Business or farm activities | ___ | See summary on pages 4 & 5 |
| Rents | ___ | See summary on page 6 |
| Partnerships | ___ | Please submit <u>all</u> Form K-1's |
| Estates or trusts | ___ | Please submit <u>all</u> Form K-1's |
| "S" corporations | ___ | Please submit <u>all</u> Form K-1's |
| 2. Are you and your family covered by health insurance? | ___ | Please submit <u>all</u> Form 1095's |
| 3. Are you required to file a Business Privilege Tax Return? | ___ | Would you like us to prepare the tax return for you? ___ |
| 4. Are you required to issue Forms 1099? | ___ | Would you like us to prepare them for you? ___
(due by January 31 st) |
| 5. Did you pay any of the following: | | |
| Penalty on early withdrawal of savings | ___ | Enter amount \$_____ |
| Alimony | ___ | Enter amount paid \$_____ |
| Enter recipient's Soc. Sec. No. | ___ | _____-_____-_____ |
| Education expenses | ___ | Describe on page 7 |
| 6. Do you have any securities or loans which became worthless during the year? | ___ | Describe _____, and enter date of purchase and original cost \$_____ |
| 7. Did you have any debts cancelled or forgiven? | ___ | |
| 8. Did you purchase a new vehicle, hybrid vehicle or make energy-saving home improvements? | ___ | Describe _____
Date of purchase, cost and sales tax:

Attach invoice |
| 9. Did you receive any Incentive Stock Options? | ___ | If so, please provide us with any information that you received. |

PLEASE ANSWER THE FOLLOWING QUESTIONS - Y(YES)/N(NO)

IF THE ANSWER IS YES, PLEASE:

- 10. Do you expect a significant change in your 2016 income? _____ Please describe _____
- 11. Did you make gifts of more than \$14,000 to an individual during the year? _____ Please describe _____
- 12. Did you pay any household employees during the year? _____ Enter amount paid \$ _____
- 13. Did you have an interest in, signature or other authority over a financial account in a foreign country or have any relationship with a foreign trust? _____ If so, please provide us with details of accounts and amounts.
- 14. Do you have any other foreign asset or investments? _____ If so, please describe _____
- 15. Did you make any contributions to a Section 529 Tuition account? _____ If so, please provide us with the names and social security numbers of each beneficiary and the amounts.
- 16. Sales and Use tax is now required to be reported on your state income tax return. Did you purchase items or services subject to sales tax for which the seller did not charge or collect sales tax? _____ If so, describe _____ and enter date of purchase and original cost.
- 17. Would you like us to help you determine if you are in compliance with the sales and use tax laws and regulations? _____

DEPENDENTS

Please list all social security numbers of dependents not previously submitted:

<u>Name</u>	<u>Social Security Number</u>	<u>Birth Date</u>
_____	____-____-____	_____
_____	____-____-____	_____
_____	____-____-____	_____

HEALTH INSURANCE

PLEASE SUBMIT ALL FORMS 1095 YOU RECEIVED.

Does every member of your household have health insurance for the entire year? _____

Have you received any advance health care credits? _____

INCOME TAX PAYMENTS MADE

	FEDERAL		STATE		LOCAL	
	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
Prior year taxes paid in 2015				\$ _____		\$ _____
Prior year overpayment applied		\$ _____				
4 th Qtr – 2014						
1 st Qtr – 2015	_____	_____	_____	_____	_____	_____
2 nd Qtr – 2015	_____	_____	_____	_____	_____	_____
3 rd Qtr – 2015	_____	_____	_____	_____	_____	_____
4 th Qtr – 2015	_____	_____	_____	_____	_____	_____

MOVING EXPENSES

Mileage from former residence to:	New business _____	Former business _____
Expenses to transport household property		\$ _____
Traveling expenses & lodging incurred during move		\$ _____
Reimbursement not reported on W-2		\$ _____

IRA DISTRIBUTIONS

For IRA distributions received during 2015, please enter amount used for:

Medical expenses	\$ _____	General living expenses/other	\$ _____
First-time home purchase	_____	Rolled into a Roth IRA	_____
Post secondary education expenses (tuition, books, supplies, etc.)	_____	Rolled into another qualified retirement account/IRA	_____

GAIN OR LOSS FROM SALE OF STOCKS, SECURITIES AND OTHER PROPERTY

Please submit all 1099-B's and 1099-S's received and the following information for each item sold.

<u>Description</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Gross Sales Price</u>	<u>Selling Expense</u>	<u>Cost</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____

(This is an example of the information required for each transaction.)

INSTALLMENT SALES

2015 Sales Only

Prior Year Sales Only

Description _____

Description _____

Total sales price \$ _____

Downpayment _____

Mortgage or note assumed _____

Principal received in 2015 \$ _____

Note received _____

Principal received in 2015 _____

Interest received in 2015 \$ _____

Interest received in 2015 _____

BUSINESS INCOME - TAXPAYER() SPOUSE ()

Business Name _____

Federal I.D. # _____

Gross receipts \$ _____

(Please submit all 1099-Misc Forms) _____

Other Income _____

Cost of goods sold:

Beginning inventory _____

Purchases _____

Materials and supplies _____

Freight _____

Subcontract costs _____

Other costs _____

Ending inventory _____

Advertising _____

Commissions _____

Vehicle expenses _____

Employee medical & disability insurance _____

Employer medical insurance _____

Business insurance _____

Interest expense -

Business loan #1 _____

Business loan #2 _____

Business loan #3 _____

Business loan #4 _____

Mortgage interest _____

business only (Form 1098) _____

Bank service charges \$ _____

Office supplies _____

Printing _____

Postage _____

Payroll processing _____

Outside services _____

Employee retirement plan _____

contributions _____

Legal & accounting _____

Equipment rent _____

Real estate rent _____

Repairs & maint. _____

Supplies _____

Licenses & permits _____

Travel _____

Meals and entertainment _____

Utilities _____

Telephone _____

Gross wages _____

Payroll taxes _____

Business priv. tax _____

Real estate taxes _____

Dues/publications _____

Other expenses: _____

EQUIPMENT, VEHICLES AND OTHER CAPITAL EXPENDITURES DURING 2015

<u>Date Acquired</u>	<u>Description</u>	<u>Total Cost (Including Taxes, Fees, Etc.)</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

BUSINESS USE OF HOME

Area used regularly and exclusively for business or for inventory storage _____ sq. ft.

Total area of home _____ sq. ft.

Insurance \$ _____
Repairs & maint. _____

Security costs \$ _____
Utilities _____

BUSINESS RELATED VEHICLE EXPENSES

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Vehicle description	_____	_____
Date vehicle placed in service	_____	_____
Total miles driven during year	_____	_____
Business miles driven during year	_____	_____
Gas, oil, lube, insurance, tags	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Lease payments	\$ _____	\$ _____
Parking fees and tolls	\$ _____	\$ _____
Amount reimbursed - not included in W-2	\$ _____	\$ _____
Average daily round trip commuting distance	\$ _____	\$ _____
Miles that vehicle was used for commuting	\$ _____	\$ _____

IF A BUSINESS AUTOMOBILE WAS PURCHASED IN 2015, PLEASE SUBMIT THE PURCHASE INVOICE.

EMPLOYEE BUSINESS EXPENSES (FORM 2106)

<u>DESCRIPTION</u>	<u>TOTAL EXPENSES</u>
Travel (away from home overnight)	\$ _____
Lodging (away from home overnight)	_____
Meals and entertainment	_____
Fares for airplane, boat, bus	_____
Education costs	_____
Dues and fees	_____
Telephone	_____
Work clothes, safety equipment	_____
Other _____	_____

RENTAL INCOME AND EXPENSES

	<u>Residential</u>	<u>Commercial</u>
Property #1 Address: _____	()	()
Property #2 Address: _____	()	()
Property #3 Address: _____	()	()

	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
Rental income	\$ _____	\$ _____	\$ _____
Rental expenses:			
Advertising	_____	_____	_____
Auto and travel	_____	_____	_____
Cleaning and maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal and accounting	_____	_____	_____
Interest expense - mortgage	_____	_____	_____
Interest expense - other	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Real estate taxes	_____	_____	_____
Business privilege tax	_____	_____	_____
Utilities	_____	_____	_____
Heat	_____	_____	_____
Water and sewer	_____	_____	_____
Bank service charges	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FURNITURE, FIXTURES, EQUIPMENT AND OTHER CAPITAL EXPENDITURES DURING 2015

<u>Date Acquired</u>	<u>Description</u>	<u>Cost</u>		
		<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

UNREIMBURSED MEDICAL DEDUCTIONS

(i.e. medicine, doctors, hospitals, hearing aids, eyeglasses, ambulance, equipment used for illness, additional costs of special diets, medical or long term care insurance)

<u>Description</u>	<u>Amount</u>		<u>Amount</u>
Other medical deductions	\$ _____	Medical Insurance	\$ _____
Total miles traveled	_____	Long Term Care Insurance	_____

TAXES

Real Estate	\$ _____	Occupation Privilege/EMST	\$ _____
Personal Property	_____	Other Taxes:	_____
		_____	_____

INTEREST EXPENSE

	<u>Interest Paid</u>
Original home mortgage interest (Form 1098)	\$ _____
Home equity loan (Form 1098)	\$ _____
Margin account interest	\$ _____
Education loans	\$ _____

CHARITABLE CONTRIBUTIONS

Miles driven for charitable purposes _____ miles

Cash contributions:

<u>Description</u>	<u>Amount</u>
_____	\$ _____
_____	_____
_____	_____

Non cash contributions (clothing, furnishings, etc):

<u>Description</u>	<u>Amount</u>
_____	\$ _____
_____	_____
_____	_____

If over \$250, please submit receipt and/or description of donation.

DEPENDENT AND CHILD CARE EXPENSES

Provider Name _____ E.I.N.: _____
 Address _____

Amount of dependent and child care expenses paid in 2015 \$ _____

INVESTMENT AND OTHER INCOME RELATED EXPENSES

Tax preparation fees	\$ _____	Professional dues	\$ _____
Business publications	_____	Safe deposit box	_____
Investment expenses	_____	Union dues - Name:	_____
Legal fees	_____	- Amount:	_____
Employment agency fees	_____	Special tools & uniform	_____

IRA

		<u>Taxpayer</u>	<u>Spouse</u>
2015 contribution made in 2015	SEP, Simple ___ Reg ___ Roth ___	\$ _____	\$ _____
2015 contribution made in 2016	SEP, Simple ___ Reg ___ Roth ___	_____	_____

EDUCATION EXPENSES

Please enter below the tuition and other fees required for enrollment at an eligible education institution for courses. Please submit Form 1098-T received from the education institution.

<u>Student Name</u>	<u>Institution</u>	<u>Year of School</u>	<u>Amount Paid</u>	<u>Date Paid</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASUALTY, THEFT, MEDICAL SAVINGS AND OTHER IMPORTANT TAX INFORMATION

