

General Questions

ORG3

PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2015? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>
Designee's Name ▶ Phone Number ▶ Personal Identification Number (5 digit PIN) ▶		
3 Do you or your spouse plan to retire in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2015 or 2016): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2015?	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

	Yes	No
7 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2015?	<input type="checkbox"/>	<input type="checkbox"/>

IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS RELATED TO INCOME/LOSSES

	Yes	No
16 Did you receive any disability payments in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2015? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | | | |
|-------------|---|--------------------------|--------------------------|
| 23 | Did you have foreign income or pay any foreign taxes in 2015 ? | Yes | No |
| 24 a | At any time during 2015, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2015? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Did you at any time during 2015, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | | | |
|-------------|---|--------------------------|--------------------------|
| | | Yes | No |
| 27 a | Did you and your dependents have health care coverage for the full year? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 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"/> |
| c | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 a | Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | | | |
|-----------|---|--------------------------|--------------------------|
| | | Yes | No |
| 31 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | Did you start paying mortgage insurance premiums in 2015? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Did you purchase a motor vehicle or boat during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , attach documentation showing sales tax paid. | | |
| 34 | Did you purchase an energy efficient vehicle in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , enter year, make, model, and date purchased: _____ | | |
| 35 | Did you donate a vehicle in 2015? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 | What was the sales tax rate in your locality in 2015? _____ % State ID _____ | | |
| 37 | Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 | Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 | If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach details. | | |
| 40 | Did you or your spouse participate in a medical savings account in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 | Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 | Did you pay any individual for domestic services in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 | Did you, your spouse, or your dependents attend post-secondary school in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 | Did a lender cancel any of your debt in 2015? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 | Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | | | |
|-----------|---|--------------------------|--------------------------|
| | | Yes | No |
| 47 | If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 | The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 49** If **yes**, please provide the following information:
- | | | |
|----------|---|--|
| a | Name of your financial institution | _____ |
| b | Routing Transit Number (must begin with 01 through 12 or 21 through 32) | _____ |
| c | Account number | _____ |
| d | What type of account is this? | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Beginning in 2014, most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2015 is the **GREATER OF 2%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2015 is \$325 per adult and \$162.50 per child, limited to a family maximum of \$975. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2015. The national average bronze plan amount is \$207 per month and limited to \$1,035 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2015? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2015?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2014 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social security number	_____	_____
Occupation.....	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate	MM/DD/YYYY _____	MM/DD/YYYY _____
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number _____
City.....	_____ State..... _____	ZIP code..... _____
Home phone.....	_____ Foreign country	_____
Fax.....	_____ Foreign phone	_____

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions.....
 4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... _____ Child's social security number..... _____
 5 Qualifying widow(er)
 Check the box for the year the spouse died 2013 2014

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code +Months in U.S.	Date of Birth *Not Citizen	2015 Child Care Expense
				Relationship
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

**** For the Dependent Code, enter the following:**
 L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
 * Check this box if dependent child is not a U.S. citizen or resident alien

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 Care at above address? <input type="checkbox"/> Tax-Exempt .. ▶ <input type="checkbox"/> Foreign ▶ <input type="checkbox"/>
2 Care at above address? <input type="checkbox"/> Tax-Exempt .. ▶ <input type="checkbox"/> Foreign ▶ <input type="checkbox"/>
3 Care at above address? <input type="checkbox"/> Tax-Exempt .. ▶ <input type="checkbox"/> Foreign ▶ <input type="checkbox"/>
4 Care at above address? <input type="checkbox"/> Tax-Exempt .. ▶ <input type="checkbox"/> Foreign ▶ <input type="checkbox"/>

EXPENSES	2015	2014
1 Total employment taxes paid on wages for child care expenses		
2 Total expenses paid in 2015 but not incurred in 2015		
3 Total expenses incurred in 2015 but not paid in 2015		
4 Medical expenses paid for qualifying persons unable to care for themselves		

STUDENT/DISABLED PERSON INFORMATION FOR 2015	Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2015, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here		

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2015	2014
1 a Taxpayer educator expenses.....		
b Spouse educator expenses.....		

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2015

2 a Enter detail below or total interest in Part 2b

Lender's Name	2015	2014
Total Student Loan Interest	2015	2014
2 b Enter the total interest paid on qualified student loans.....		

FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:
 P = Private Qualified Tuition Program
 S = State Qualified Tuition Program
 E = Coverdell ESA

Federal Carryover Data

ORG55

2014 STATE AND LOCAL TAX INFORMATION							
1	State or Local Identification	Paid With Extension	Estimates Paid After 12/31/14	Total Withheld/ Payments	Paid With Return	Total Overpayment	Applied Amount

OTHER TAX AND INCOME INFORMATION	
<p>2 2014 filing status:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Single <input type="checkbox"/> Head of household </div> <div style="width: 30%;"> <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Qualifying widow(er) </div> <div style="width: 30%;"> <input type="checkbox"/> Married filing separately </div> </div>	
3 Number of blind/elderly boxes checked for 2014 (Form 1040, line 39a)	
4 a Total itemized deductions allowed in 2014 (Schedule A, line 29)	
b Check this box if you were required to itemize in 2014	<input type="checkbox"/>
5 Adjusted gross income in 2014 (Form 1040, line 37)	
6 Total tax for Form 2210 or 2210-F in 2014 (Form 2210, line 4 or 2210-F, line 6)	
7 Alternative minimum tax in 2014 (Form 1040, line 45)	
8 2014 federal overpayment applied to 2015 (Form 1040, line 75)	

IRA INFORMATION	
9 a Basis of taxpayer's IRA(s) as of 12/31/14 (Form 8606, line 14)	
b Basis of spouse's IRA(s) as of 12/31/14 (Form 8606, line 14)	
c Taxpayer's excess IRA contributions as of 12/31/14 (Form 5329, line 16)	
d Spouse's excess IRA contributions as of 12/31/14 (Form 5329, line 16)	
e Taxpayer's excess Archer MSA contributions as of 12/31/14 (Form 5329, line 40)	
f Spouse's excess Archer MSA contributions as of 12/31/14 (Form 5329, line 40)	
g Taxpayer's excess Roth IRA contributions as of 12/31/14 (Form 5329, line 24)	
h Spouse's excess Roth IRA contributions as of 12/31/14 (Form 5329, line 24)	
i Taxpayer's excess Coverdell ESA contributions as of 12/31/14 (Form 5329, line 32)	
j Spouse's excess Coverdell ESA contributions as of 12/31/14 (Form 5329, line 32)	
k Taxpayer's excess HSA contributions as of 12/31/14 (Form 5329, line 48)	
l Spouse's excess HSA contributions as of 12/31/14 (Form 5329, line 48)	

LOSS AND EXPENSE CARRYOVERS	
10 a Short-term capital loss carryover from 2014 (Schedule D)	
b Long-term capital loss carryover from 2014 (Schedule D)	
c AMT Short-term capital loss carryover from 2014 (Schedule D)	
d AMT Long-term capital loss carryover from 2014 (Schedule D)	
11 a Net operating loss carryforward to 2015 – regular tax	
b Net operating loss carryforward to 2015 – AMT	
12 a Disallowed investment interest expense (Form 4952, line 7)	
b Disallowed AMT investment interest expense (Form 4952-AMT, line 7)	
13 a Nonrecaptured net Section 1231 loss from 2014	
b Nonrecaptured net Section 1231 loss from 2013	
c Nonrecaptured net Section 1231 loss from 2012	
d Nonrecaptured net Section 1231 loss from 2011	
e Nonrecaptured net Section 1231 loss from 2010	
f AMT Nonrecaptured net Section 1231 loss from 2014	
g AMT Nonrecaptured net Section 1231 loss from 2013	
h AMT Nonrecaptured net Section 1231 loss from 2012	
i AMT Nonrecaptured net Section 1231 loss from 2011	
j AMT Nonrecaptured net Section 1231 loss from 2010	

Federal Carryover Data (continued)

ORG55

CREDIT CARRYOVERS

14 General business credit	
15 a Qualified adoption expenses carryforward from 2014	
b Qualified adoption expenses carryforward from 2013	
16 a Mortgage interest credit from 2014 (Form 8396, line 17)	
b Mortgage interest credit from 2013 (Form 8396, line 14)	
c Mortgage interest credit from 2012 (Form 8396, line 16)	
d Certificate credit rate (Form 8396, line 2).....	%
e Address of home claiming mortgage interest credit on Form 8396 if different from your personal address: _____	
17 District of Columbia first-time homebuyer credit from 2014 (Form 8859, line 4)	
18 Minimum tax credit carryforward to 2015 (Form 8801, line 26).....	
19 Residential energy efficient property credit from 2014 (Form 5695, line 16)	

OTHER CARRYOVERS

20 Section 179 carryover from 2014 (Form 4562, line 13)	
21 Excess 2014 foreign housing deduction carryover:	
a Amount from Form 2555, Taxpayer's copy – line 46	
b Amount from Form 2555, Taxpayer's copy – line 48	
c Amount from Form 2555, Spouse's copy – line 46	
d Amount from Form 2555, Spouse's copy – line 48	

CHARITABLE CONTRIBUTION CARRYOVERS

22 Carryover of charitable contributions from:	Cash and Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2014				
b 2013				
c 2012				
d 2011				
e 2010				

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2014?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded	<input type="checkbox"/>	b Apply to 2016 estimates	<input type="checkbox"/>
		c Apply to 2016 taxes	<input type="checkbox"/>
12 Additional state information: _____			

This letter confirms the arrangements for income tax services provided by Senior Tax Strategies of Ohio, LLC, as follows:

1. We will prepare your federal, state and local individual income tax returns from information provided by you. We will furnish you with the tax organizer and worksheets to assist you in gathering the necessary information per your request. We will not audit or verify the data you submit, although we may ask you to clarify it, or furnish us with additional data. All requisite information for the preparation of your income tax returns needs to be furnished to us.
2. Your return is subject to review by taxing authorities. If your return is selected for review, you are responsible to provide documentation to prove the deductions claimed. However, just because you receive a letter from the IRS or your return is selected for audit does not mean there is a problem. In your interest, it is advisable to contact this office immediately upon receiving correspondence from the Internal Revenue Service or other taxing authority. We will be available to assist you; however, you may have to authorize us to represent you with the IRS by completing an authorization form before the IRS will talk with us.
3. Whenever we are aware that possible applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will discuss with you our knowledge and understanding of the possible positions, which may be taken on your return. We will adopt whatever position you request on your return so long as it is consistent with our professional standards and ethics. If the applicable taxing authority should later contest the position taken, then there may be an assessment of additional tax liability, plus interest and possible penalties. We assume no liability for any such additional assessments.
4. If there is an error on the return, which results from incorrect information supplied by you, you are responsible for the payment of any additional taxes, which would have been properly due on the original return(s) plus any interest and penalties charged by the taxing authority. If we have made an error, other than an error caused by incorrect information you supplied, we will be responsible for payment of penalties assessed within 12 months of the preparation of the return affected. We will not pay interest nor any additional tax due since the tax would have been payable had the return been correctly prepared, and you have had use of such monies in the interim. Senior Tax Strategies of Ohio, LLC's liability for payment of penalties will be limited to no more than 500% of the fee actually collected for preparation of the tax return regardless of the reason for the assessment of the penalty. It is in your best interest to allow Senior Tax Strategies of Ohio, LLC to speak with the taxing authority about any additional taxes; penalty or interest the taxing authority is considering charging you.
5. The fee you are charged from year to year can vary. Your base fee is \$89.99. This includes 1040, one State and one Local. Other charges may apply, see fee schedule. We will make you aware of any fee changes before you engage us to complete your taxes. We will provide incentive discounts to encourage you to engage our services earlier, rather than later, in the tax cycle. Submitting your complete information after March 31 may, at our discretion, require you to file an extension. We complete returns in the order that complete information is given to us.
6. If you do not consent to allow your tax preparer to use the information from your tax return to make recommendations to you regarding your current financial situation, please initial below. Only if you DO NOT want financial recommendations based on your current situation initial below, otherwise leave blank. We attempt to assist all clients with recommendations to help our clients utilize their resources in more efficient manners, but, due to the pace of tax season, we may or may not have time to consult with you about these things until the rush of tax season is over. We appreciate your patience.

Tax reduction study using tax deferred accounts or investments, including annuities, life insurance, and IRAs, and Eligibility for Long Term Care Insurance, Medicare Supplement.

Initialed By/Date if you do NOT want advice or recommendations _____

7. The tax return information may not be used or disclosed by the preparer for any purpose other than the purpose stated in the above consent without consent of the taxpayer. My consent does not obligate me to the purchase of any products or additional services.
8. As your tax preparer, we collect information provided by you from your tax organizer, worksheets, documents, discussions, and information that we develop as part of the engagement. We are required to keep all information about our engagement confidential so we will not make any disclosure about you unless we have your approval or are required/permitted by law. This applies even if you are no longer a client. We are committed to safekeeping of your confidential information and we maintain physical, electronic, and procedural safeguards to protect it.
9. Your original records, which will be returned to you, comprise the backup and support for your income tax returns. Our records and files are our property and not a substitute for your own records. Our firm maintains no printed copies of your return only electronic copies. Catastrophic events or physical deterioration may result in our records being unavailable. Maintain your records a minimum of 7 years. We do not archive any copies of any of your documentation nor receipts. We only keep an electronic copy of what was filed and the worksheets used to do so. You will receive a copy of all worksheets used to prepare your return.
10. This engagement letter shall remain in effect until canceled by either party.

If the above fairly sets forth your understanding, please sign and date on the line below.

Client: _____ Date _____

Client: _____ Date _____