

## 2015 STANDARD TAX RETURN ORGANIZER

### All Clients MUST Sign Below For Aircrew Taxes To Start Your Return

I have retained Phillip Shea Medlin to prepare my 2015 Income Tax returns. I hereby verify that the information provided in this Organizer is accurate and complete. I understand it is my responsibility and my continuing obligation until I have verified my tax return and it is filed, to include any and all information concerning income, deductions and other information necessary for the preparation of my personal income tax return. I have not overstated my deductions or understated my income, and acknowledge that false information on a tax return could constitute a federal crime. I understand it is my responsibility to review my Income Tax Return after Shea Medlin has prepared it, and to verify that it contains accurate information. If I am billed for an amount due by Shea Medlin, I will promptly pay the full amount due and I hereby acknowledge that I will be responsible for any resulting collection fees due to nonpayment, and any attorney's fees incurred by Aircrew Taxes pursuant to a collection action. The laws of Georgia shall be applicable to all aspects of this agreement, and I hereby consent to jurisdiction of the Courts of Cobb County, Georgia regardless of where I actually reside. (If filing a joint return, both you and your spouse must sign.)

Taxpayer Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

### Client Instructions to Complete Tax Return

**Please DO NOT SEND ORIGINAL TAX DOCUMENTS, send copies only. You will need the originals to help resolve possible discrepancies. If you send your original tax documents there will be additional fees of \$35 to return documents to you.**

#### GENERAL INSTRUCTIONS:

- 1) Complete the tax organizer filling in only the sections that apply to your tax situation. Send the completed organizer, and **copies only**, of your tax documents to Shea Medlin. New clients must include previous year's tax return. Previous year's clients please send short checklist that we e-mailed back to Shea Medlin, checking off items included.
- 2) Make payment with credit card, check, or authorized deduction from your refund.
- 3) I will contact you to resolve any questions and discuss possible deductions and tax strategies. We will then e-mail the return to you for review.
- 4) Contact me with any changes to your tax return.
- 5) I will e-mail completed tax return with E-file authorization form to you.
- 6) Fax or scan signed Form 8879 E-file Authorization to Aircrew Taxes so we may e-file your tax return.

#### PLEASE NOTE:

- 1) New Clients may send tax returns from up to three previous tax years for a missed deductions review.
- 2) **Send copy of tax documents as listed in the tax organizer, no originals please. Keep your receipts for your own records.**
- 3) If you have a **small business**, please download and complete the worksheet from the small business tab on the website. Send all business related 1099 income statements designated as income for the business.
- 4) If you have **rental real estate**, please download and complete the worksheet from the rental real estate tab on the website. Send any 1099 income statements and 1098 mortgage interest statements designated as income and mortgage interest for rentals.

**IRS NOW REQUIRES US TO FILE ELECTONICALLY CALL IF YOU WISH TO FILE BY PAPER**

### Tax Documents Required to Complete Accurate Return

- \_\_\_\_\_ Copy of all W-2s from all Employers
- \_\_\_\_\_ Copy of 1099-INT for Interest and 1099-DIV for Dividends
- \_\_\_\_\_ Copy of 1099-B Proceeds from Broker and Barter Exchange Transactions
- \_\_\_\_\_ Copy of Tax Reporting Statements from Brokers
- \_\_\_\_\_ Copy of 1099-G from State Income Tax Refund and 1099-G for State Unemployment
- \_\_\_\_\_ Copy of 1099-R from IRA, Pensions, and 401(k) distributions and rollovers
- \_\_\_\_\_ Copy of K-1 Statements from Rental Real Estate, Royalties, Partnerships, S-Corps
- \_\_\_\_\_ Copy of 1099's from Unemployment Compensation, SSA 1099 and RRB 1099 from social security benefits
- \_\_\_\_\_ Copy of 1099-MISC for other income, may need to fill out business worksheet and 1099-A or 1099-C
- \_\_\_\_\_ Copy of 1098-E for Student Loan Interest and 1098-T Tuition
- \_\_\_\_\_ Copy of 1098 Mortgage Interest Statement with Real Estate Taxes
- \_\_\_\_\_ Copy of 1098-C for Contribution of motor vehicles
- \_\_\_\_\_ Copy of Closing Statement if Purchased or Refinanced a Home
- \_\_\_\_\_ Copy of Final Year Pay Stub or December 31 Pay Stub to Complete Non-taxable Per Diem Deductions
- \_\_\_\_\_ Copy of 1095-A Health Insurance Marketplace Statement, 1095-B Health Coverage, 1095-C Employer Provided Health

Office (770) 884-7565 Cell (678) 332-6905 Fax (770) 795-9799  
 Fax or E-mail Organizer to [aircrewtaxes@yahoo.com](mailto:aircrewtaxes@yahoo.com)  
[www.aircrewtaxes.com](http://www.aircrewtaxes.com)

**Personal Information** (Please Print Clearly)

	Taxpayer	Spouse
Last Name (According to SS card)		
First Name		
Middle Initial		
Social Security Number		
Occupation		
Date of Birth (mm/dd/yyyy)		
E-Mail Address		
Work Phone		
Cell Phone		
Home Phone		
Fax Number		

**Tax Address:** This is your current state residency where you pay tax for this tax year and the address on your federal tax return.

Address		Apt. #	
City	State	ZIP	

**Federal Filing Status** (Check Box of Filing Status)

<input type="checkbox"/> <b>1 Single</b>	
<input type="checkbox"/> <b>2 Married Filing Jointly</b>	
<input type="checkbox"/> <b>3 Married Filing Separate</b> Spouse Name _____ Spouse Soc Sec # _____	
If <b>MFS</b> , Did you live apart from your spouse during the last 6 months of 2015?(Y or N) Did your spouse itemize deductions?(Y or N)	
<input type="checkbox"/> <b>4 Head of Household:</b> If someone else is using the exemption for your custodial child please fill out below if claiming status.	
Name:	Social Security #:
Relationship:	Number months lived with you:
<input type="checkbox"/> <b>5 Qualifying Widow</b>	Spouse's Date of Death _____

**Dependent Information** (Name must appear as on the social security card)

Dependent must be under 19 or under 24 and a full-time student for at least 5 months during the year to qualify as a dependent and for the Earned Income Credit. If your dependent children did not live with you, you must provide Form 8832, Release of Claim, or a copy of your divorce decree. Dependents income must be under \$3800 unless a full time student.

First Name	Last Name	MI	SSN	Relationship	Date of Birth	# Mos at Home	Care Expenses	Student
					/ /			Y or N
					/ /			Y or N
					/ /			Y or N
					/ /			Y or N
					/ /			Y or N

**Direct Deposit/Funds Withdrawal Information**

Use direct deposit for tax refund? No additional fees	Y or N	Use electronic funds withdrawal for balance due?	Y or N
Account Type? Circle One	Checking or Saving	Name of Bank?	
Routing Number?		Account Number?	

**Payment Method for Tax Preparation Fees**

All preparation and related fees must be paid prior to completion of return.

<input type="checkbox"/> <b>1 Check (\$25 charge for all returned checks)</b>			
<input type="checkbox"/> <b>2 Credit Card (please circle card type)</b>			
Card Number	Expiration Date	Security Code	
Name on Card	Signature	Biling Zip Code	
<input type="checkbox"/> <b>3 Withhold Tax Fees from my Refund (\$35 Bank fee for this service)</b>			
Taxpayer's Drivers License # & state	Spouse's Drivers License # & state		
Date Issued    /    /    Date Expired    /    /	Date Issued    /    /    Date Expired    /    /		
U.S. Citizen    Resident Alien    Non Resident Alien	U.S. Citizen    Resident Alien    Non Resident Alien		
Do you owe back taxes to the IRS or state?	Y or N	Do you have delinquent student loans?	Y or N
Do you owe back child support?	Y or N	Did the IRS garnish your refund last year?	Y or N
<input type="checkbox"/> <b>4 Audit Assistance</b>			
Purchase Audit Assistance & ID Theft Restoration from Protection Plus	Y or N		



## Interest Income

Not required if providing all 1099-INT interest statements.

Owner SS#	Bank/Institution	Box Numbers and Amounts in each Box from each separate 1099-INT

## Dividend Income

Not required if providing all 1099-DIV dividend or 1099-B broker statements.

Owner SS#	Institution	Box Numbers and Amounts in each Box from each separate 1099-DIV

## Stocks & Bonds Sold

Please provide 1099-B Proceeds From Broker and Barter Exchange Transactions and year-end broker statements. Must have purchase date, cost, sales date and sales proceeds for each sales. **(You Must Provide Aircrew Taxes With The Cost Of Each Stock Sales If Not On 1099-B)**

Stock Name or Description	Date Sold	Date Acquired	Sales Price	Cost Plus Fees
	/ /2015	/ /	\$	\$
	/ /2015	/ /	\$	\$
	/ /2015	/ /	\$	\$
	/ /2015	/ /	\$	\$
	/ /2015	/ /	\$	\$
	/ /2015	/ /	\$	\$

## State Income Tax Refunds and Unemployment Compensation

Not required if providing 1099-Gs and/or 1099-G for unemployment benefits.

State Refunds Received in 2015 (this tax year)	State	Amount	\$	State	Amount	\$
Additional State Tax paid in 2015 when filed	State	Amount	\$	State	Amount	\$
Did you itemize last year?	Taxpayer	Y or N		Spouse	Y or N	
State Unemployment Compensation Received	State	Amount	\$	State	Amount	\$
State Unemployment Benefits Repaid	State	Amount	\$	State	Amount	\$

## Alimony Received

Taxpayer Amount	\$	Spouse Amount	\$
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## IRA, Pension, 401(k), and Annuities Distributions and Rollovers

Not required if providing all 1099-R statements for distributions and rollovers. Circle T or S for taxpayer or spouse.

Taxpayer or Spouse	T or S Distribution #1	T or S Distribution #2	T or S Distribution #3
Name of payer institution			
Gross distribution from 1099-R box 1			
Reason for distribution			
Amount of Rollover			
Name of receiving institution			
Type of account (401k, IRA, Pension, Roth)			

## Social Security Benefits and Other Income

Not required if providing SSA 1099s and RRB 1099s and 1099MISCs.

	Taxpayer	Spouse
Amounts for Social Security Benefits	\$	\$
Amounts for Railroad Benefits	\$	\$
Amounts for 1099 MISC not requiring Schedule C for business income	\$	\$
Amounts for 1099 MISC not requiring Schedule C for business income	\$	\$

## Educator Expenses For Teachers Only

Un-reimbursed amounts spent on books, supplies, and materials used in the classroom by kindergarten to 12<sup>th</sup> grade teacher.

Taxpayer Amount	\$	Spouse Amount	\$
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## Health Savings Accounts (HSA)

Provide Forms 5498-SA and /or 1099-SA if applicable. All HSA questions concern tax year 2015.

Type of high deductible plan?	Self Only or Family	Months in high deductible plan?	
Plan in effect for December?	Y or N	Total HSA contributions to your account	\$
Total Employer HSA contributions	\$	Total HSA distributions	\$
Total payroll deduction HSA contributions	\$	Total unreimbursed qualified medical expenses	\$

## Moving Expenses

Only job related moves are deductible. Meals are not deductible. (Mileage rate for 2015 is 23.5 cents)

Old Primary Residence	Old Work (BASE)	Transportation Expense	\$
New Primary Residence	New Work (BASE)	Storage Expense	\$
Miles from Old HOME to New BASE	Date Moved	/ /2015	Travel Expense
Miles from Old HOME to Old BASE	Mileage Driven During Move	Lodging Expense	\$

## Self-Employed Contributions to SEP, SIMPLE and Qualified Plans

Type of Plan	Taxpayer Amount	Spouse Amount
Money Purchase Plan	\$	\$
Profit Sharing Plan	\$	\$
Defined Benefit Plan	\$	\$
SEP Plan	\$	\$
SIMPLE Plan	\$	\$
Individual 401(k) Plan	\$	\$
Roth 401(k) Plan	\$	\$

## Alimony Paid

Recipients Name	Recipients SS#	Amount Paid	\$
Recipients Name	Recipients SS#	Amount Paid	\$

## Traditional And Roth IRA Contributions

<b>(Do Not Include 401(k) Contributions)</b>	Taxpayer	Spouse
Traditional IRA Contribution Amount Made by 4/15/16	\$	\$
Roth IRA Contribution Amount Made by 4/15/16	\$	\$
Non-Deductible IRA Contributions	\$	\$

## Education Savings Accounts

List contributions made on or before 12/31/15	Student Name	Amount
Excess Contributions to Coverdell Education Plan (amounts in excess of \$2,000)		\$
Contributions to State Prepaid Tuition Program	State Plan Name	\$
Contributions to State College Savings 529 Plan	State Plan Name	\$

## Student Loan Interest and Educational Deduction and Credits

Provide all 1098-Es for student loan interest paid in 2015 and all 1098-Ts for educational tuition and fees. For a complete list of education expenses please request the Educational Deduction and Credit Worksheet

You may claim qualified expenses and fees for yourself, your spouse, and your dependent children as Tuition and Fees Deduction or the American Opportunity Credit or the Lifetime Learning Credit. You must file a joint return if married. For the Lifetime Learning Credit you may be taking as little as one course, and can be taking it to improve or acquire job skills rather than obtaining a degree.

Provide All 1098-Ts and 1098-Es	Student 1	Student 2
Name of Student		
Name of School and City and State where located		
Tuition Paid in 2015	\$	\$
Year in College and was student at least halftime?	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> Grad, Yes or No	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> Grad, Yes or No
Amount of 529 Plan Withdrawals		
Student Loan Interest Paid in 2015	\$	\$

## Medical Expenses

**(Do Not Include Medical Expenses Paid By Insurance Or By Flexible Spending Accounts)**

Prescriptions Medications	\$	Eyeglasses and Contacts	\$
Health Insurance Premiums – <b>After Tax</b>	\$	Medical Equipment and Supplies	\$
Taxpayer's portion on Form 1095-A premiums	\$	Medical Travel – Number of Miles	#
Spouse's portion on Form 1095-A premiums	\$	Medical Transportation Ambulance fees	\$
Long Term Care Insurance premiums for taxpayer	\$	Medical Lodging (up to \$50 per night)	\$
Long Term Care Insurance premiums for spouse	\$	Lasik and Radial Kerotomy	\$
Long Term Care Costs dependent child under 27	\$	Other – Including COBRA or Specify:	\$
Fees for Physician/Dentist/Chiropractor	\$	Other	\$
Fees for Hospital and Clinics	\$	Other	\$
Lab and X-ray	\$	Other	\$
Long Term Care Costs	#	Other	\$

## Taxes Paid

**(Do Not Include Real Estate Taxes For A Rental Property Input On Rental Worksheet)**

Real Estate taxes on Principal Residence	\$	Personal Property Tax (Car Tag or Advalorem Fee)	\$
Real Estate taxes on Second Home or Land	\$	Personal Property Tax (boat or airplane)	\$
Real Estate taxes on Vacation Home	\$	Sales Tax on Motor Vehicle or Boat or Aircraft	\$
Personal Property Tax (Car Tag or Advalorem Fee)		Sales Tax on Motor Vehicle or Boat or Aircraft	

## Homeowner Mortgage Interest and Points Information

**(Do Not Include Mortgage Interest For A Rental Property Input On Rental Worksheet)**

Not required if providing all 1098 Mortgage Interest Statement. If you purchased, sold or refinanced a house, send a copy of the closing statement. You may have multiple 1098 Mortgage Interest Statements please provide all of them.

Primary mortgage interest Lender _____	\$	Qualified Mortgage Insurance Premiums	\$
Primary mortgage interest Lender _____	\$	Did you sell your home in 2015?	Y or N
Equity line loan Lender _____	\$	Number of years lived in home before selling?	
Second mortgage Lender _____	\$	Did you purchase your home in 2015?	Y or N
Vacation Home mortgage Lender _____	\$	Did you refinance your home in 2015?	Y or N
Origination or Discount Points	\$	Number of years you refinanced?	

## Casualty/Theft & Loss

Description of Casualty Event	Event Date	Property	Purchase Date	Cost	Value after Loss	Insurance
				\$	\$	\$

## Miscellaneous Expenses

Tax Prep Fees Paid in 2015	\$	Margin or Investment Interest Paid	\$
Tax Fees Paid in an Audit	\$	Certain Attorney and Accounting Fees	\$
Tax Prep Software/Books/Publications.	\$	Safe Deposit Box Rental.	\$
Tax Prep Mailing/Fed Ex Fees Paid in 2015	\$	IRA Management Fees.	\$
Investment Expense	\$	Other	\$

# Charitable Contributions Cash Donations Only

You need to have an acknowledgement if any single cash contribution is over \$250.

Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
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# Charitable Contributions Vehicle Donations Only

Vehicle Donation over \$500 send 1098C

Vehicle Donated to: _____		Date of Vehicle Donation _____	
FMV under \$500	\$ _____	Make & Year of Vehicle _____	
Purchase Date _____		Original Purchase Price	\$ _____
<hr/>			
Vehicle Donated to: _____		Date of Vehicle Donation _____	
FMV under \$500	\$ _____	Make & Year of Vehicle _____	
Purchase Date _____		Original Purchase Price	\$ _____

## Charitable Contributions Non Cash Donations Only

**If you donated any household goods, please estimate the value and include the name and address of the charitable organization.**

Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale



## Job Expenses/W-2 Employee Deductions

Enter employee related business expenses below. This deduction sheet should only be used if you have a W-2. If you have multiple jobs as an employee use a separate worksheet for each job(W-2). If you are also self-employed then use the Small Business – Self Employed - 1099 Income-Schedule C Worksheet below.

**(Do Not Include self employed deductions)**

Union Dues and Professional Dues	\$	Meals and Entertainment Expense	\$	Other _____	\$
Professional Subscriptions	\$	Office Supplies	\$	Other _____	\$
Uniform and Protective Clothing	\$	Office Equipment	\$	Other _____	\$
Job Search Costs	\$	Licenses	\$	Other _____	\$
Local Parking Fees and Transportation	\$	Telephone Calls	\$	Other _____	\$
Travel Expense Lodging	\$	Cell Phone	\$	Other _____	\$
Travel Expense Airfare	\$	Pager	\$	Other _____	\$
Travel Expense Car Rental	\$	Internet	\$	Other _____	\$
Business Gifts	\$	Postage	\$	Other _____	\$
Education Expense Job Related	\$	Other _____	\$	Other _____	\$

### Vehicle Expense - Mileage rate for 2015 is 56.5 cents per mile.

Year & Make and Model Vehicle		Do you have evidence to support the deduction?	Yes or No
Date First Used for Business		Is this evidence written?	Yes or No
Type of Vehicle: Car, Van, Truck		Is another vehicle available for personal use?	Yes or No
Total Mileage		Was the vehicle available for personal use during off duty hours?	Yes or No
Business Mileage		Was the vehicle leased?	Yes or No
Commuting Mileage		Was the vehicle used for hire?	Yes or No
Personal Mileage		Actual Expenses: Gas, Oil, Repairs, Insurance, ect.	\$

### Home Office – To be deductible as an employee must have been required by employer if an employee.

Area Used for Business - Square Footage/Room	Sq/ft	Mortgage Interest	\$
Total Area - Square Footage of Home	Sq/ft	Real Estate Taxes	\$
Number of Days in Year Office was in Home		Insurance – Homeowners/Renters	\$
Date of Using Room as Home Office	\$	Repair and Maintenance	\$
Fair Market Value of Home with Home Office	\$	Utilities Except Water per Month	\$
Cost of Home with Home Office	\$	Rent Paid for Year	\$
Improvement to Home Office	\$	Other Specify: _____	\$
Land Value on Property Tax Statement	\$	Other Specify: _____	\$
Building Value on Property Tax Statement	\$	Other Specify: _____	\$

## What are adequate records according IRS Publication 463 Travel, Entertainment, Gift and Car Expenses?

You should keep the proof you need in an account book, diary, log, statement of expense, trip sheets, or similar record. You should also keep documentary evidence that, together with your record, will support each element of an expense. You generally must have documentary evidence, such as receipts, cancelled checks, or bills to support your expenses. Documentary evidence is not needed if your travel expense other than lodging is less than \$75 or you have a transportation expense for which a receipt is not readily available. Documentary evidence ordinarily will be considered adequate if it shows the amount, date, place, and essential character of the expense. You must generally provide a written statement of the business purpose of an expense. However, the degree of proof varies according to the circumstances in each case. If the business purpose of an expense is clear from the surrounding circumstances, then you do not need to give a written explanation. If you do not have complete records to prove an element of an expense, then you must prove the element with your own written or oral statements containing specific information about the element, and other supporting evidence that is sufficient to establish the element. If the element is the description of a gift, or the cost, time, place, or date of and expense, the supporting evidence must be either direct evidence or documentary evidence. Direct evidence can be written statements, or oral testimony of your guests or other witness setting forth detailed information about the element. Documentary evidence can be receipts, paid bills, or similar evidence. If the element is either the business relationship of your guests or the business purpose of the amount spent, the supporting evidence can be circumstantial rather than direct. For example, the nature of your work, such as making deliveries, provides circumstantial evidence of the use of your car for business purposes. Invoices of deliveries establish when you used the car for business. If you cannot produce a receipt because of reasons beyond your control, you can prove a deduction by reconstructing your records or expenses. Reasons beyond your control include fire, flood, and other casualties.

**Small Business – Self Employed - 1099 Income-Schedule C Worksheet**

Send last year’s Schedule C or tax return if you operated the business previously and we did not prepare the previous tax return for you.

Name of Business:	Type of Business:
Does this business belong to you or your spouse?	Address of Business:
Income From 1099s (provide any and all 1099’s) \$	Income Not Included On Any 1099s \$
<b>TOTAL INCOME=Income From 1099s+Income Not Included On Any 1099s</b>	

**Inventory Costs** (only required if you sell inventoriable items that are merchandise on hand for resale but not yet sold)

Cost of Inventory at Beginning of Year	\$	Other Costs	\$	
Cost of Inventory Purchased	\$	Cost of Inventory at End of Year	\$	
Cost of Labor	\$	Returns and Refunds	\$	
Materials and Supplies	\$			
Advertising	\$	Travel	\$	
Car and Truck	\$	Meals and Entertainment	\$	
Commission and Fees	\$	Utilities – Outside of Home	\$	
Contract Labor	\$	Wages and Salaries Paid to Employees	\$	
Employee Benefit Programs not pensions	\$	Other Expenses: Dues & Publications	\$	
Insurance: List Type_____	\$	Other Expenses: Postage & Shipping	\$	
Self Employed Health Insurance	\$	Other Expenses: Telephone	\$	
Mortgage Interest	\$	Other Expenses: Bank Charges	\$	
Other Interest	\$	Other (Specify):_____	\$	
Legal & Professional Fees	\$	Other (Specify):_____	\$	
Office Expense	\$	Other (Specify):_____	\$	
Pension and Profit Sharing Plans	\$	Depreciable Items: Such as Equipment, Furniture, Computer and Land Improvements – Provide list with cost and date purchased.		
Rent or Lease – Outside of Home	\$			
Repairs/Maintenance	\$	Item:_____	Date:_____	Cost:_____
Supplies	\$	Item:_____	Date:_____	Cost:_____
Taxes and Licenses	\$	Item:_____	Date:_____	Cost:_____

**Vehicle Expense**

Mileage rate for 2015 is 56.5 cents per mile.

Year & Make and Model Vehicle		Do you have evidence to support the deduction?	Yes or No
Date First Used for Business:		Is this evidence written?	Yes or No
Type of Vehicle: Car, Van, Truck		Is another vehicle available for personal use?	Yes or No
Total Mileage		Was the vehicle available for personal use during off duty hours?	Yes or No
Business Mileage		Was the vehicle leased?	
Commuting Mileage		Was the vehicle used for hire?	Yes or No
Personal Mileage		Actual Expenses: Gas, Oil, Repairs, Insurance, etc.	\$

**Home Office**

Area Used for Business - Square Footage/Room	Sq/ft	Mortgage Interest	\$
Total Area - Square Footage of Home	Sq/ft	Real Estate Taxes	\$
Number of Days in Year Office was in Home		Insurance – Homeowners/Renters	\$
Date of Using Room as Home Office	\$	Repair and Maintenance	\$
Fair Market Value of Home with Home Office	\$	Utilities Except Water per Month	\$
Cost of Home with Home Office	\$	Rent Paid for Year	\$
Improvement to Home Office	\$	Other Specify:_____	\$
Land Value on Property Tax Statement	\$	Other Specify:_____	\$
Building Value on Property Tax Statement	\$	Other Specify:_____	\$

**Small Business Comments and Other Expenses:**


## Tax Credits

### Child and Dependent Care Expenses Credit

Qualifying expense for care that allows you to work or look for work. Deduction only allowed for children under age 13.

NOTE: Social Security Number or ID Number is required to receive credit!

Care Provider's Name	Provider's Address and Phone Number	Provider's SS# or EIN	Child's Name	Paid
				\$
				\$
				\$
				\$

### Other Tax Credits

Do you have a Qualified Mortgage Interest Credit Certificate issued by federal or state government?	Y or N
Did you adopt a child this year?	Y or N
Did you buy a new plug-in electric vehicle or plug-in electrical drive conversion kit in 2014?	Y or N
Were you a first home buyer in the District of Columbia before 2012 and have a carryforward?	Y or N
Did you have Alternative Motor Vehicle or Qualified Plug-In Electric Drive?	Y or N

### Residential Energy Credits

Did you claim residential energy credits on your 2006 through 2013 tax returns?	Y or N
Did you install insulation, energy efficient windows, doors, skylights, heating and AC systems, water heaters, biomass stoves, metal or asphalt roofs in 2015? <b>You must provide a copy of manufactures certificate and sales receipt.</b>	Y or N
Did you install alternative energy equipment, such as a solar hot water heater, geothermal heat pump or wind turbine? <b>You must provide a copy of manufactures certificate and sales receipt.</b>	Y or N

### First Time Home Buyers Credit Recapture

Did you take the First Time Homebuyers Credit in 2008?	Y or N
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### Additional Tax Payments Made to Federal or State

Quarterly Tax Payments	Date Payment Made	Federal Amount	State Amount	Local Amount
First Quarter due 4/15/15		\$	\$	\$
Second Quarter due 6/15/15		\$	\$	\$
Third Quarter due 9/15/15		\$	\$	\$
Fourth Quarter due 1/15/16		\$	\$	\$

### Taxes Paid with Extensions to Federal or State

Federal Amount	\$	State of _____ amount	\$	State of _____ amount	\$
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### State Tax Renters Credit

If you paid rent in CA, IN, MA, MI, MN, NJ, WI or any other state in 2014 with a renters credit please complete the following section, Minnesota residents provide a copy of your Certificate of Rent Paid (CRP)

Landlords Name					
Landlords Address					
Apartment Address					
Monthly Rent	\$	Total Rent Paid	\$	Dates Rented	

### State K-12 Education Credits for AZ, IL, IA, & MN

Name of Student	Grade	Expenses	Name of School	Address	State	Zip Code
		\$				
		\$				