

## 2015 Tax Organizer Checklist

Name:

E-mail address:

\*Please provide any changes to your address, home, or cell phone number in the space provided at the end of the questionnaire

*The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by checking Yes or No. For every questions answered Yes, please provide details at the end of the questionnaire. Questions 1 to 7 pertain to the Affordable Care Act.*

Questions		Yes	No	N/A or Comments
1	Did you and your dependents have healthcare coverage for the entire year (2015)?			
	a Did you receive Form 1095-A, 1095-B or 1095-C documenting healthcare coverage?			
	b If no, did you maintain health insurance for any part of 2015? If yes, what insurance company?			
2	Was your policy obtained from the marketplace (exchange)?			
3	Did anyone besides you or your spouse pay for your healthcare coverage?			
4	Did you pay for healthcare coverage for anyone who is not your dependent?			
5	Did you receive an advanced health care premium credit which assisted with reducing your healthcare premium?			
6	Do you qualify for a healthcare exemption?			
7	Do you have an exemption from the marketplace (exchange)?			
8	We will provide you with an electronic copy your return in secured client portal so that you may access your return at any time. If you do not want an electronic copy of the return please check NO.			
9	Would you also like a printed copy of your return?			
10	Did your marital status change during the year?			
11	Were you a resident of, or did you have income in more than one state during the year?			
12	Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return)?			
13	On your state tax return, do you wish to make any charitable contribution? If yes, which organization will you contribute to?			
14	Did you contribute to or receive a distribution from a Health Savings Account?			

Questions (cont'd)		Yes	No	N/A or Comments
15	Did you make any large purchases or home improvements? (E.g. purchase vehicle)? If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid.			
16	Did you have purchasing, selling, refinancing, financing, or foreclosing transaction on your personal residence or any other real estate? If yes, please provide the settlement document (HUD-1), Form 1099-S, Form 1099-C, or other related documentation if applicable.			
17	Did you have any debt that was cancelled in 2015? (I.e. debt that you owed to a creditor that you are no longer required to pay)? If yes, please provide details and copies of any Form 1099-C received.			
18	Did you adopt a child during the year 2015?			
19	Do you own a vacation home that was rented to someone else at anytime?			
20	Did you pay wages of more than \$1,700 to any one household employee?			
21	Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.			
22	Have you provided ALL your deductions? If you are uncertain about an item then provide details.			
23	For 2016 do you expect a significant fluctuation in your income, deductions or withholding? Do you expect your income to be over \$200,000 (single) or \$250,000 joint for 2016?			
24	Did any of your dependent children under age 18 (24 if a college student) have any Income (wages, interest, etc.)?			
25	Are you or any dependents blind and/or disabled? Please provide details including any disability income received.			
26	Did you incur child care or dependent care expenses?			
27	Did you or any member of your household pay educational expenses for post secondary education including trade schools?			
28	Outside of retirement plan contributions made directly through payroll deductions (401k, 403b etc.) did you contribute to any other plans, or did you receive a distribution from any retirement plan or did you convert any retirement funds to a ROTH fund?			
29	Did you receive or pay any alimony or separate maintenance payments?			
30	Did you have any moving expenses?			

31	If you are self-employed, did you pay any health or long-term care insurance premiums?			
32	Did you make any cash or non-cash charitable contributions?			

Please use the following space to provide additional information regarding the above questions (indicate the question number). This space can also be used for any other tax information, questions or personal information updates you may have.

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