	1040	US	Tax Organizer		
\A/A C		a governm	ase enter all pertinent 2015 informent form for an item, check the bo	nation. If you have attached ox and do not enter a 2015 a	amount.
	GES, SALAI oyer name:	KIES AND	IIro	2015 Amount	2014 Amount
				Attach Forms W-2	
	REST INCO	OME			
				Attach Forms 1099-INT	
	DEND INCO	OME			
				Attach Forms 1099-DIV	
Payer	name:		MBLING INCOME	Attach Forms 1099-R & W-2G	
Payer	winnings not	reported on 'g losses	N-2G	1099-R & W-2G	
Payer OTH	Winnings not Total gamblin  ER GOVER Form 1099-B Form 1099-MI Form 1099-K	reported on 'g losses  NMENT FO - Sales of sto SC - Miscella - Merchant c	W-2G	Attach Fo	rms 1099
OTH	Winnings not Total gamblin  ER GOVER Form 1099-B Form 1099-K Form 1099-S Form 1099-G	reported on 'g losses  **NMENT F(- Sales of sto SC - Miscella - Merchant c - Sales of re	N-2G	Attach Fo	rms 1099
OTH Taxpa	Winnings not Total gamblin  ER GOVER Form 1099-B Form 1099-K Form 1099-S Form 1099-G ayer: Form SSA-10 Form 1099-G	reported on Y g losses  NMENT F - Sales of sto SC - Miscelli - Merchant c - Sales of re - State tax ro	W-2G  DRMS - INCOME  ock (also include transaction history) aneous income ard and third party network payments al estate (also include closing statements)	Attach Forms 1099  Attach Forms 1099	rms 1099
OTH Taxpa Spous	Winnings not Total gamblin  ER GOVER Form 1099-B Form 1099-K Form 1099-S Form 1099-G ayer: Form SSA-10 Form 1099-G se: Form SSA-10	reported on 'g losses  **NMENT F(-Sales of stellar of the second o	N-2G	Attach Forms 1099  Attach Forms 1099  Attach Forms 1099	rms 1099

15	1040	US	Tax Organizer		
RETIR	EMENT P	LAN CON	TRIBUTIONS	2015 Amount	2014 Amount
			outions (1=maximum)		
, ,			s (1=maximum)		
			E, & qualified plan contributions (1=maximum)		
Spouse:			outions (1=maximum)		
			s (1=maximum)		
			E, & qualified plan contributions (1=maximum)		
			ORMS - DEDUCTIONS		
_			interest	Attach Forms 1098	
FOIII	11 1096-1 - 1	uition and re	elated expenses		
AFFOR	RDABLE (	CARE ACT	Γ		
Forn	n 1095-A - H	lealth Insura	ince Marketplace Statement		
Forn	n 1095-B - F	lealth Cover	age	Attach Forms 1095	
Form	n 1095-C - Em	ployer-Provid	led Health Insurance Offer and Coverage		
	STMENTS	TO INCO	ME		
Taxpaye		مستمالله			
			nce premiums		
Otne	er adjustmer	its to income	e: [		
Alim	ony paid E	Pociniont na	me & SSN		
Allili	iony paid - F	recibient nai	ne & 33N		
Spouse:	<u> </u>				
Self	-employed h	ealth insura	nce premiums		
Edu	cator expens	ses			
Othe	er adjustmer	nts to income	e:		
			_		
Alim	nony paid - F	Recipient nar	me & SSN		
			1		
MEDIC	:ΔΙ ΔΝΟ Ι	ΣΕΝΤΔΙ Ε	XPENSES		
			S		
Doctors.	, dentists an	d nurses			
			payer		
-			use		
			portation expenses		
	-				
Other:					
-					
TAVES					
TAXES	_	1 /1 5		1	
			ent on 2014 state estimate		
			2014 state extension		
			2014 state return.		
State in	come taxes	<ul> <li>paid for pr</li> </ul>	ior years and/or to other states		

TAXE	ES PAID (co	ontinued)		2015 Amount	2014 Amount
-			ayment on 2014 city/local estimate		
City/Io	cal income ta	xes - paid w	th 2014 city/local extension		
City/Io	cal income ta	xes - paid w	th 2014 city/local return		
State a	and local sale	s taxes (exc	ept autos and special items)		
			es		
			urn		
			above		
	•		aft, and other special items		
			dence		
			d for investment		
-			luding automobile foos in some states)	Attach Tax Notice	
	REST PAID		luding automobile fees in some states)	Attach Tax Notice	
	mortgage inte		nte naid:		
	mortgage inte	ilest and poi	nts paid.		
<u> </u>				Attach Forms 1098	
Home m	ortgage interest n	ot on Form 109	8 (include name, SSN, & address of payee):		
TIOITIC III	iortgago intorost i	100 011 1 01111 100	(morado namo, com, a dadroso or payco).		
Points	not reported	on Form 109	98:		
	•				
Mortga	age insurance		1.10/01/05		
	ago inibararioo	premiums o	n post 12/31/06 contracts		
Investr			n post 12/31/06 contractsmargin accounts):		
Investr					
Investr					
_	ment interest	(interest on			
Passiv	ment interest	(interest on	margin accounts):		
Passiv CASI	re interest H CONTRIB	(interest on	margin accounts):	onor maintains a bank record, o	or a written communication
Passiv CASI	re interest H CONTRIB	(interest on	margin accounts):	onor maintains a bank record, c date(s), and contribution amour	or a written communication tt(s).
Passiv CASI	re interest H CONTRIB	(interest on	margin accounts):	onor maintains a bank record, odate(s), and contribution amour	or a written communication
Passiv CASI NOTE:	re interest	SUTIONS is allowed see, showing	for cash or check contributions unless the details the name of the organization, contribution	onor maintains a bank record, c date(s), and contribution amour	or a written communication tt(s).
Passiv CASH NOTE:	re interest H CONTRIE No deduction from the don	BUTIONS In is allowed ee, showing	for cash or check contributions unless the dethe name of the organization, contribution detects.	onor maintains a bank record, c date(s), and contribution amour	or a written communication tt(s).
Passiv CASH NOTE:  Volunt Numbe	re interest  H CONTRIE  No deduction from the don	BUTIONS In is allowed ee, showing  (out-of-pocker miles	for cash or check contributions unless the dethe name of the organization, contribution (set).	onor maintains a bank record, c date(s), and contribution amour	or a written communication t(s).
Passiv CASH NOTE:  Volunt Numbe	re interest H CONTRIE No deduction from the don	BUTIONS In is allowed lee, showing  (out-of-pocker miles	for cash or check contributions unless the dethe name of the organization, contribution (set).	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe	re interest H CONTRIE No deduction from the don	BUTIONS In is allowed lee, showing  (out-of-pocker miles	for cash or check contributions unless the dethe name of the organization, contribution (set).	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe	re interest H CONTRIE No deduction from the don	BUTIONS In is allowed lee, showing  (out-of-pocker miles	for cash or check contributions unless the dethe name of the organization, contribution (set).	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe	re interest H CONTRIE No deduction from the don	BUTIONS In is allowed lee, showing  (out-of-pocker miles	for cash or check contributions unless the dethe name of the organization, contribution (set).	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE	re interest  H CONTRIE  No deduction from the don  reer expenses er of charitable  CASH CON  No deduction a deduction	(interest on  BUTIONS  in is allowed lee, showing  (out-of-pocker miles  TRIBUTION  is allowed for any item	for cash or check contributions unless the dethe name of the organization, contribution (set).	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE NOTE:	re interest  H CONTRIE No deduction from the don  Reer expenses er of charitable CASH CON No deduction a deduction	BUTIONS In is allowed ee, showing  (out-of-pocke miles  TRIBUTION In is allowed for any item	for cash or check contributions unless the dithe name of the organization, contribution (set).  Set).  Solved  For contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE NOTE:	re interest  H CONTRIE No deduction from the don Reer expenses or of charitable CASH CON No deduction a deduction a deduction	Cout-of-pocker miles  TRIBUTION  TRIBUT	for cash or check contributions unless the dethe name of the organization, contribution (set).  Set).  For contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE NOTE:  MISC Union Tax re	re interest  H CONTRIE  No deduction from the don  Reer expenses  er of charitable  CASH CON  No deduction a deduction a deduction and professio  turn preparati	(out-of-pocker miles TRIBUTION  is allowed for any item  US DEDUCT  nal dues on fee	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS  for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE  MISC Union Tax re Safe d	re interest  H CONTRIE No deduction from the don reer expenses er of charitable CASH CON No deduction a deduction a deduction and professio turn preparati	(interest on  BUTIONS  in is allowed lee, showing  (out-of-pocker miles  TRIBUTION  in is allowed for any item  US DEDUCT  nal dues  on fee  intal	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS  for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE  MISC Union Tax re Safe d Investr	re interest  H CONTRIE  No deduction from the don  reer expenses er of charitable  CASH CON  No deduction a deduction a deduction a deduction turn preparati leposit box reiment expense	(interest on  BUTIONS  is allowed lee, showing  (out-of-pocker miles  TRIBUTION  is allowed for any item  US DEDUCT  nal dues  on fee  intal  s	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS  for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE  MISC Union Tax re Safe d Investr Estate	re interest  H CONTRIE No deduction from the don  Reer expenses er of charitable CASH CON No deduction a deduction a deduction and professio turn preparati leposit box rei ment expense tax, section 6	(interest on  BUTIONS  in is allowed lee, showing  (out-of-pocker miles  TRIBUTION  in is allowed for any item  US DEDUCT  nal dues  on fee  intal  is  is 91(c)	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE  MISC Union Tax re Safe d Investr Estate	re interest  H CONTRIE  No deduction from the don  reer expenses er of charitable  CASH CON  No deduction a deduction a deduction a deduction turn preparati leposit box reiment expense	(interest on  BUTIONS  in is allowed lee, showing  (out-of-pocker miles  TRIBUTION  in is allowed for any item  US DEDUCT  nal dues  on fee  intal  is  is 91(c)	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE  MISC Union Tax re Safe d Investr Estate	re interest  H CONTRIE No deduction from the don  Reer expenses er of charitable CASH CON No deduction a deduction a deduction and professio turn preparati leposit box rei ment expense tax, section 6	(interest on  BUTIONS  in is allowed lee, showing  (out-of-pocker miles  TRIBUTION  in is allowed for any item  US DEDUCT  nal dues  on fee  intal  is  is 91(c)	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE NOTE:  MISC Union Tax re Safe d Investr Estate Unrein	re interest  re interest  H CONTRIE  No deduction from the don  reer expenses er of charitable  CASH CON  No deduction a deduction and professio turn preparati leposit box rei ment expense tax, section 6 inbursed emplo	(interest on  BUTIONS  In is allowed lee, showing  (out-of-pocker miles  TRIBUTION  In is allowed for any item  US DEDUCT  That is allowed for any item  That is allowed for an	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS  for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE  MISC Union Tax re Safe d Investr Estate	re interest  re interest  H CONTRIE  No deduction from the don  reer expenses er of charitable  CASH CON  No deduction a deduction and professio turn preparati leposit box rei ment expense tax, section 6 inbursed emplo	(interest on  BUTIONS  In is allowed lee, showing  (out-of-pocker miles  TRIBUTION  In is allowed for any item  US DEDUCT  That is allowed for any item  That is allowed for an	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE NOTE:  MISC Union Tax re Safe d Investr Estate Unrein	re interest  re interest  H CONTRIE  No deduction from the don  reer expenses er of charitable  CASH CON  No deduction a deduction and professio turn preparati leposit box rei ment expense tax, section 6 inbursed emplo	(interest on BUTIONS is allowed et miles TRIBUTION is allowed for any item  US DEDUCTION is allowed for	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS  for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).
Passiv CASH NOTE:  Volunt Numbe NONE NOTE:  MISC Union Tax re Safe d Investr Estate Unrein	re interest  re interest  H CONTRIE  No deduction from the don  reer expenses er of charitable  CASH CON  No deduction a deduction and professio turn preparati leposit box rei ment expense tax, section 6 inbursed emplo	(interest on BUTIONS is allowed et miles TRIBUTION is allowed for any item  US DEDUCTION is allowed for	for cash or check contributions unless the dethe name of the organization, contribution (set).  ONS  for contributions of clothing and household is with minimal monetary value may be denied.	date(s), and contribution amour	it(s).

ORGANIZER Page 4 **Miscellaneous Questions** 2015 1040 US If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. PERSONAL INFORMATION YES NO Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return for 2015? DEPENDENTS Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2015? Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000? **HEALTH CARE COVERAGE** Did you and your dependents have health care coverage for the full-year? Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2015? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven? Does anyone owe you money which has become uncollectible?

Page 5 ORGANIZER **Miscellaneous Questions (continued)** 2015 1040 US If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. RETIREMENT PLANS YES NO Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you transfer or rollover any amount from one retirement plan to another retirement plan? **EDUCATION** Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocátional school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work)? **ESTIMATED TAXES** Did you apply an overpayment of 2014 taxes to your 2015 estimated tax (instead of being refunded)? If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax (instead of being Do you expect your 2016 taxable income and withholdings to be different from 2015? MISCELLANEOUS Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? May the IRS discuss your tax return with your preparer? Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

ORGANIZER Page 6 **Miscellaneous Questions (continued)** US 2015 1040 If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. **MISCELLANEOUS (continued)** YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? Did you incur moving expenses due to a change of employment? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust? Did your bank account information change within the last twelve months?

15	1040	US	Business Income (Sched	ule C)	No.	16
	Please e	enter all pe	rtinent 2015 amounts. Last year's am	ounts are provided for	your reference.	
GFN	IFRAI IN	IFORMAT	TION			
Busine	ess name, if	different from	Form 1040			
			m Form 1040			
			0			
-	-					
Foreig	n country					
Other	accounting m	netnod				
Ассои	nting method	: 1=cash. 2=	accrual			
			ver cost/market, 3=other			
1=spoi	use, 2=joint .					
			business			
			r will you file all required Form(s) 1099: 1=yes, 2=no.		_	
			It tax		_	
			erial income producing factor			
			company			
		ai instruments	or commodities			
INC	OME		_	2015 Amount	2014 Amo	unt
Gross	receipts or sa	ales (Form 10	99-MISC, box 7)			
		nces				
Other	income:		Г			
-						
-						
-	•					
COS	ST OF GO	oods so	LD			
_	_		ar			
	-	-	34			
Cost o	f labor					
		lies				
Other	costs:		Г			
-						
=						
_						
_						
_			-		1	
Invent	ory at end of	the year				

2015	1040	IIS	Business Income (Schedule C) (cont.)	
<b>2</b> 013	1 0 <del>4</del> 0	03	Dusiness income (Scheuule C) (Cont.)	

No.	
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## Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

EXPENSES	2015 Amount	2014 Amount
Accounting		
Advertising.		
Answering service.		
Bad debts from sales or service		
Bank charges		
Caramicalana		
Commissions.		
Contract labor.		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services.		
Parking and tolls		
· · · · · · · · · · · · · · · · · · ·		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
` <i>'</i>		
Department of Transportation meals in full (80%)		
Uniforms.		
Utilities		
Wages		
Other expenses:		Γ
		_
		İ

2015 | 1040 | US | Capital Gains & Losses (Schedule D)

**17** 

If you sold any stocks, bonds, or other investment property in 2015, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
									17

MUANUELN				rage	
2015	1040	IIC	Installment Sales (Form 6252)	17 -	<u> </u>

IOR I	EAR INSTALLMENT SALE	2015 Amount	2014 Amount
	Description of property		
	Date acquired (m/d/y)		
0.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property.		
_	Date acquired (m/d/y)		
o	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
0.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property.		
	Date acquired (m/d/y)		
0.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
o.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
э.	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Description of property		
	Date acquired (m/d/y)		
0.	Date sold (m/d/y).		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		†

If you sold your home or moved in 2015, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)	
Description of property (Box 3)	
Date acquired (m/d/y).	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2).	
=sale of home	
=owned and used property as main home for at least 2 of 5 years before sale	
=first-time homebuyer credit was previously taken on this home	
=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence $\dots $	
Adjusted Basis	
Original cost	
mprovements:	
Adjusted basis	
Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)	
Total expenses of sale	
Reduced Exclusion	
Please complete the following information if due to a change in health, place of employment, or unforeseen on Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6,	circumstances you either: 1997.
f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
l=sale due to change in health, employment or unforeseen circumstances	
· · · · · · · · · · · · · · · · · · ·	
=sale due to change in health, employment or unforeseen circumstances  Days used as main home - taxpayer  Days used as main home - spouse	
Days used as main home - taxpayer	
Days used as main home - taxpayer	
Days used as main home - taxpayer.  Days used as main home - spouse.  Days property owned - taxpayer.  Days property owned - spouse.	
Days used as main home - taxpayer.  Days used as main home - spouse.  Days property owned - taxpayer.  Days property owned - spouse.  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)	
Days used as main home - taxpayer. Days used as main home - spouse Days property owned - taxpayer. Days property owned - spouse  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)  I = spouse, 2=joint	
Days used as main home - taxpayer.  Days used as main home - spouse.  Days property owned - taxpayer.  Days property owned - spouse.  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)    = spouse, 2 = joint.     = armed forces move due to permanent change of station.	
Days used as main home - taxpayer. Days used as main home - spouse Days property owned - taxpayer. Days property owned - spouse  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)    = spouse, 2 = joint.	
Days used as main home - taxpayer. Days used as main home - spouse Days property owned - taxpayer. Days property owned - spouse.  WOVING EXPENSES (27) (If you moved because of a change in the location of your job)  = spouse, 2=joint = armed forces move due to permanent change of station.  Miles from old home to new work place.	
Days used as main home - taxpayer. Days used as main home - spouse Days property owned - taxpayer. Days property owned - spouse  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)  I = spouse, 2 = joint. I = armed forces move due to permanent change of station. Wiles from old home to new work place. Wiles from old home to old work place. Expenses for transportation and storage of household goods and personal effects.	
Days used as main home - taxpayer. Days used as main home - spouse Days property owned - taxpayer. Days property owned - spouse  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)  I = spouse, 2 = joint I = armed forces move due to permanent change of station.  Miles from old home to new work place.  Miles from old home to old work place.  Expenses for transportation and storage of household goods and personal effects.  Lodging and travel (excluding meals):	
Days used as main home - taxpayer. Days used as main home - spouse Days property owned - taxpayer. Days property owned - spouse  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)    = spouse, 2 = joint	
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Days used as main home - taxpayer. Days used as main home - spouse Days property owned - taxpayer. Days property owned - spouse  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)  I=spouse, 2=joint. I=armed forces move due to permanent change of station.  Miles from old home to new work place.  Expenses for transportation and storage of household goods and personal effects.  Lodging and travel (excluding meals):  Lodging and travel (excluding automobile).  Parking fees and tolls.  Gas and oil.	
Days used as main home - taxpayer. Days used as main home - spouse Days property owned - taxpayer. Days property owned - spouse  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)  I=spouse, 2=joint. I=armed forces move due to permanent change of station.  Miles from old home to new work place.  Expenses for transportation and storage of household goods and personal effects.  Lodging and travel (excluding meals):  Lodging and travel (excluding automobile).  Parking fees and tolls.	
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17, 27

	1040	US	Rental & Royalty Income (Sc	hedule E)	No.	18
	Please e	nter all per	tinent 2015 amounts. Last year's amount	s are provided for	your reference	
GEN	IERAL IN	FORMAT	ION	2015 Amount	2014 Amo	ount
Descri	ption of prope	erty [			Type of Pro	nerty
Street	address				1 = Single Family R	-
-		-			2 = Multi-Family Re	esidence
State .					3 = Vacation/Short 4 = Commercial	-Term Rental
	ode	<del>-</del>			5 = Land	
					6 = Royalties 7 = Self-Rental	
			T			
Numbe	er of days ren	tea				
Percenta	age of ownership 0% (.xxxx)	Γ	1-did not activ	volv participato		
Percenta	age of tenant occup 0% (.xxxx)	pancy	1=RE prof., activity	rely participate is trade or business, de or business		
				than real estate.		
	lified joint ver			·····		
1=nonpa	assive activity, we royalty		1=single member li	mited		
•		_	d you or will you file all required Form(s) 1099: 1=ye			
·	OME				00111	
				2015 Amount	2014 Amo	ount
Auto a						
Claani			where)			
	ing and mainte	enance				
Comm	ing and maintenissions	enance				
Comm Garder	ing and maintenissions	enance				
Comm Garder Insura	ing and maintenissions	enance				
Comm Garder Insura Legal	ing and maintonissionsningningningningningningningningning.	enance				
Comm Garder Insura Legal Licens	ing and maintonissionsningningningncenand professionses and permit	enance nal fees				
Comm Garder Insura Legal Licens Manag	ing and maintentissions ning nce and professionses and permitentifies	enancenal fees				
Comm Garder Insura Legal Licens Manag Miscel	ing and maintentissions ning nring and professionses and permiting gement fees laneous	enance				
Comm Gardel Insura Legal Licens Manag Miscel Mortga Qualifi	ing and maintonissions ning nce and professiones and permit gement fees llaneous age interest (pried mortgage	nal feests	etc.).			
Comm Gardel Insura Legal Licens Manag Miscel Mortga Qualifi Excess	ing and maintonissions	nal feests	etc.)			
Comm Garder Insura Legal Licens Manag Miscel Mortga Qualifi Excess Other	ing and maintonissions	nal fees ts  paid to banks, insurance preiterest entered elsewl	etc.)			
Comm Garder Insura Legal Licens Manag Miscel Mortga Qualifi Excess Other	ing and maintentissions	nal feests	etc.)			
Comm Garder Insura Legal Licens Manag Miscel Mortga Qualifi Excess Other Paintir Pest c	ing and maintainissions ning and professionises and permitigement fees llaneous age interest (pied mortgage in interest (not early and decoration interest)	nal feests.  paid to banks, insurance presterest. entered elsewhating.	etc.)			
Comm Garder Insura Legal Licens Manag Miscel Mortga Qualifi Excess Other Paintir Pest c	and maintential instance	nal feests	etc.). miums here)			
Comm Garder Insura Legal Licens Manag Miscel Mortga Qualifi Excess Other Paintir Pest c Plumb Repair	ing and maintonissions	nal feests	etc.) miums nere)			
Comm Garder Insura Legal: Licens Manag Miscel Mortga Qualifi Excess Other Paintir Pest c Plumb Repair Suppli	ing and maintonissions	nal fees	etc.) miums nere)			
Comm Garder Insura Legal: Licens Manag Miscel Mortga Qualifi Excess Other Paintir Pest c Plumb Repair Suppli Taxes	ing and maintonissions	nal fees ts  paid to banks, insurance prei terest entered elsewhating	etc.). miums.			
Comm Gardel Insura Legal Licens Manag Miscel Mortga Qualifi Excess Other Paintir Pest c Plumb Repair Suppli Taxes Taxes	ing and maintainissions ning and professionses and permit gement fees laneous age interest (pied mortgage in interest (not eng and decoration) bing and electrics real estate other (not e	nal fees ts  paid to banks, insurance prei terest entered elsewhating	etc.). miums nere).			
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Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.  GENERAL INFORMATION  Foreign region  Foreign postal code  Foreign country  OIL AND GAS  2015 Amount  2014 Amount  2014 Amount  Production type (preparer use only).  Cost depletion rate or amount.  State cost depletion rate or amount.  State cost depletion rate or amount.  State Stephelon from or amount, if different (-1 if none).  VACATION HOME  Number of days personal use.  Number of days personal	15	1040	US	Rental & Royalty Income	(Sch. E) (cont.)	No.	18 p
Foreign region Foreign postal code Foreign country.  OIL AND GAS  Production type (preparer use only).  Cost depletion Percentage depletion rate or amount. State cost depletion, if different (-1 if none).  State vost depletion rate or amount, if different (-1 if none).  VACATION HOME  Number of days personal use Number of days personal use Number of days owned (if optional method elected).  INDIRECT EXPENSES  NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.  Advertising. Association dues Auto and travel (not entered elsewhere). Cleaning and maintenance. Commissions. Gardening. Insurance. Legal and professional fees Licenses and permits. Management fees. Miscellaneous Miscellaneous Miscellaneous Miscellaneous Mortgage interest (paid to banks, etc.). Qualified mortgage insurance premiums Excess mortgage interest (not entered elsewhere). Painting and decorating. Pest control. Plumbing and electrical Repairs. Supplies. Taxes - other (not entered elsewhere). Telephone. Utilities. Utilities.	Pleas	se enter al	ll pertinent lumn shou	2015 amounts. Last year's amounts lld only be used for vacation homes o	are provided for your re or less than 100% tenant	ference. The ir occupied rent	ndirect als.
Foreign country.  OIL AND GAS  Production type (preparer use only)  Cost depletion Percentage depletion rate or amount. State cost depletion, if different (-1 if none) State % depletion rate or amount, if different (-1 if none)  VACATION HOME  Number of days personal use Number of days personal use Number of days owned (if optional method elected)  INDIRECT EXPENSES  NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.  Advertising. Association dues Auto and travel (not entered elsewhere) Cleaning and maintenance. Commissions Gardening Insurance. Legal and professional fees Licenses and permits. Management fees Miscellanceus Mortgage interest (paid to banks, etc.) Qualified mortgage insurance premiums Excess mortgage interest (contended elsewhere) Painting and decorating. Pest control.  Planting and decletical. Repeairs.  Supplies.  Taxes - other (not entered elsewhere).  Elegiphone.  Utilities Utilities Utilities Utilities	GEN	ERAL IN	IFORMA <sup>T</sup>	TION			
Foreign country   Colla AND GAS   2015 Amount   2014 Amount	Foreign	region					
Production type (preparer use only).  Cost depletion.  Percentage depletion rate or amount.  State cost depletion, if different (-1 if none).  State % depletion rate or amount, if different (-1 if none).  VACATION HOME  Number of days personal use Number of days owned (if optional method elected).  NDIRECT EXPENSES  NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.  Advertising.  Advertising.  Autoritising.  Cleaning and maintenance.  Cleaning and maintenance.  Commissions.  Gardening  Insurance.  Legal and professional fees  Licenses and permits.  Management fees  Miscellaneous.  Mortgage interest (poid to banks, etc.)  Qualified mortgage insurance premiums  Excess mortgage interest (not entered elsewhere).  Painting and decorating.  Pest control.  Plumbing and electrical.  Repairs.  Supplies.  Taxes - real estate.  Taxes - real estate.  Taxes - real estate.  Taxes - real estate.  Taxes - other (not entered elsewhere).  Elephone.  Ultitities.  Wages and salaries.							
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	NERAL IN					
Princi	ipal product					
Emplo	oyer ID numbe	er				
Agricu	ultural activity	code				
Accou	unting method	: 1=cash, 2=a	accrual			
1=spo	ouse, 2=joint .					
Туре	of rental prop	erty (farm rei	ntal only): 1=land, 2=self-rental, 3=other			
1=cro	p insurance p	roceeds elec	tion			
		-	s year: 1=yes, 2=no			
			or will you file all required Form(s) 1099: 1=yes, 2=no		_	
1=did	not "material	ly participate	" (Schedule F only)		_	
1=did 1=real e	l not actively p estate professional	articipate (Fa , activity is trade	arm rental only)			
2=real e	estate professional	, not trade or bus	iness (farm rental only)		_	
			xx) (Farm rental only)			
			(i ami rental only)			
FAR	RM INCOI	ΝE				
				2015 Amount	2014 Am	ount
	method:					
Sa	ales of livesto		resale items			
Sa Ca	ales of livesto ost or basis o	f livestock or	other resale items.			
Sa Ca	ales of livesto ost or basis o	f livestock or				
Sa Co Sa Accru	ales of livesto ost or basis o ales of produc ial method:	f livestock or ets raised	other resale items.			
Sa Co Sa Accru Sa	ales of livesto ost or basis of ales of production al method: ales of livesto	f livestock or ets raised ck, produce,	etc.			
Sá Cơ Sá Accru Sá Be	ales of livesto ost or basis o ales of productial ales of livesto eginning inver	f livestock or ets raised ck, produce, ntory of livest	etc. ock, etc.			
Sa Co Sa Accru Sa Be Co	ales of livesto ost or basis o ales of productial method: ales of livesto eginning inversost of livestoc	f livestock or tts raised ck, produce, ntory of livest k, etc. purcha	etc. ock, etc.			
Sá Co Sá Accru Sá Bé Co Er	ales of livesto ost or basis o ales of productial ales of livesto eginning inversionst of livestoc nding inventor	f livestock or tts raised ck, produce, ntory of livest k, etc. purcha ry of livestock	etc. ock, etc.			
Sa Co Sa Accru Sa Be Co Er Other	ales of livesto ost or basis o ales of productial method: ales of livesto eginning inversionst of livestoc nding inventor	f livestock or tts raised ck, produce, ntory of livest k, etc. purchar y of livestock	etc ock, etc ased x, etc			
Sa Co Sa Accru Sa Ba Co Er Other	ales of livesto ost or basis o ales of productial method: ales of livesto eginning invertor ost of livestoc anding inventor farm income otal cooperation	f livestock or the raised  ck, produce, natory of livestock, etc. purchary of livestock we distribution	etc			
Sa Co Sa Accru Sa Be Co Er Other To	ales of livesto ost or basis o ales of productial method: ales of livesto eginning invertor ost of livestoc nding inventor farm income otal cooperation	f livestock or the raised  ck, produce, neory of livest k, etc. purchary of livestock we distribution ative distribution	etc. ock, etc. ased. c, etc.			
Sa Co Sa Accru Sa Be Co Er Other To	ales of livesto ost or basis o ales of productial ales of livesto eginning invertor ost of livestoc nding inventor farm income otal cooperative axable cooper otal agriculture	f livestock or the raised  ck, produce, ntory of livest k, etc. purchary of livestock we distribution ative distributal program parts.	etc. ock, etc. ased. c, etc. ns. tions. ayments (other than CRP).			
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Sá Co Sá Accru Sá Be Co Er Other To To To To To To	ales of livestoo ost or basis o ales of product ial method: ales of livestoo eginning inventoo ost of livestoo nding inventoo farm income otal cooperativ axable cooper otal agricultura axable agricul otal conservat axable conser ommodity cre otal commodit axable commodit	f livestock or the raised  ck, produce, neory of livestock we distribution ative distribution ative distribution reserve postion reserve p	etc.  cock, etc.  ased.  c, etc.  ns  tions.  ayments (other than CRP).  n payments (other than CRP).  rogram payments  e program payments  orted under election.			
Sá Co Sá Accru Sá Be Co Er Other To Ta To Ta To To	ales of livesto ost or basis o ales of productial ales of livesto eginning invertor ost of livestoc nding inventor farm income otal cooperativa axable cooper otal agricultura axable agricultura axable conser ommodity cre otal commodity axable commodita axable commodital commodital	f livestock or the raised  ck, produce, nearly of livestock ye distribution ative distribution reserve position reserve position reserve dit loans report yearly credit loans adity credit loans report of the raise proceed the raise proceed the raise proceed the raise proceed the raise procedure.	etc. ock, etc. ased. c, etc.  ins. tions. ayments (other than CRP). in payments (other than CRP). in order payments. in program p			
Sá Co Sá Accru Sá Bá Co Er Other Ta Ta Co Ta Ta Ta	ales of livestoo ost or basis o ales of product ial method: ales of livestoo eginning invertoo ost of livestoo nding inventor farm income otal cooperativaxable cooper otal agricultura axable agricul otal conservat axable conser ommodity cre otal commodit axable commo otal crop insur axable crop in	f livestock or the raised  ck, produce, nearly of livestock by e distribution ative distribution are program partial program partial program partial program ion reserve postion reserve by credit loans report y credit loans odity credit loans ance proceed surance proceeds	etc. ock, etc. ased. c, etc.  ins. tions. ayments (other than CRP). in payments (other than CRP). in payments e program payments e program payments e program payments orted under election. s forfeited or repaid. ans forfeited or repaid. ds received in 2015.			

			rtinent 2015 amounts. Last year's amo	ounts are provided for y	your reference.	
FARI	M INCOM	ME (cont	inued)			
Other in	ncome:		<u>_</u>	2015 Amount	2014 Amo	unt
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			tered elsewhere)			
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			s, etc.)			
Other in	nterest (not	entered elsev	where)			
Labor h	hired					
Pension	n and profit	sharing - con	tributions			
			s - admin. and education costs			
			equipment (not entered elsewhere)			
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			l expenses (also enter below)			
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ORGANIZI		1	<u> </u>			Page 16
2015	1040	US	Partnersh	nip and S corpora	tion Information	20.1,20.2
PA			or delete 2015 i		te. Be sure to attach all S	chedule K-1s.
No.		ne of Partners	· · · · · · · · · · · · · · · · · · ·	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
s c	ORPORAT	TION INF	ORMATION (2	20.2)		
No.	Name	e of S corpora	ation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

20.1,20.2

**ORGANIZER Estate or Trust and REMIC Information** US 2015 1040 Please add, change or delete 2015 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs. **ESTATE OR TRUST INFORMATION (20.3)** Tax Shelter Employer Registration Number No. Name of Estate or Trust Identification Number **REMIC INFORMATION (20.4)** Employer No. Name of REMIC Identification Number

JIGANIZEN					Tage 10
2015	1040	US	Vehicle Expenses	No.	<b>22</b> p3

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION	2015 Amount	2014 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		
AUTOMOBILE MILEAGE		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Average daily round-trip commute		
ACTUAL EXPENSES  Parking fees and tolls (business portion only)		
ACTUAL EXPENSES		
ACTUAL EXPENSES  Parking fees and tolls (business portion only)		
ACTUAL EXPENSES  Parking fees and tolls (business portion only)		
ACTUAL EXPENSES  Parking fees and tolls (business portion only)		
ACTUAL EXPENSES  Parking fees and tolls (business portion only)		
ACTUAL EXPENSES  Parking fees and tolls (business portion only)		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Tires.  Insurance.  Miscellaneous.		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Tires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes).		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Tires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes).  Personal property taxes (based on car's value).		
ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Tires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes).  Personal property taxes (based on car's value).  Interest (car loan) (for Schedule C, E & F).		

MUANIZER				raye	エン
2015	1040	US	Adjustments to Income	24	

Please enter all pertinent 2015 information. Last year's amounts are provided for your reference.

TRADITIONAL IDA CONTRIBUTIONIC	2015 Amount		2014 Amount
TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse	Taxpayer Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)			
Contributions made to date			
2015 payments from 1/1/16 to 4/15/16			
ROTH IRA CONTRIBUTIONS			
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).			
Contributions made to date			
SEP, SIMPLE AND QUALIFIED PLANS	(KEOGH)		
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)			
Money purchase (25%/1.25) contributions you			
made or expect to make (1=maximum)			
Defined benefit contributions you expect to make.			
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)			
Plan contribution rate if not .25 (.xxxx)			
Individual 401k: SE elective deferrals (except Roth) (1=max.)			
Individual 401k: SE designated Roth contributions (1=max.)			
SIMPLE contributions:			
Self-employed SIMPLE contributions you made or expect to make (1=maximum)			
Employer matching rate if not .03 (.xxxx)			
1 manufactive contributions (20)			
Contributions made to date			
ADJUSTMENTS TO INCOME			
Self-employed health insurance:			
Total premiums (excluding long-term care)			
Long-term care premiums			
Student loan interest paid (1098-E, box 1)			
Educator expenses (kindergarten thru grade 12)			
Jury duty pay given to employer			
Expenses from rental of personal property  Other adjustments to income:			
Other adjustments to income.			
Alimony paid: Taxpayer		Spouse	
Recipient's first name  Recipient's last name			
Recipient's SSN			
	014 amt:		2014 amt:
	-		

2015 1040 US Itemized Deductions 25

Please enter all pertinent 2015 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

## **MEDICAL AND DENTAL EXPENSES**

**ORGANIZER** 

2015 Amount TS 2014 Amount	NOTE:Enter self-employed health insurance premiums on Sheet 24 and			
Doctors, deritists and nurses Hospitals and nursing homes. Insurance premiums to entered elsewhere (axid. LT care & amis, paid w/pre-tax dollars). Long-term care premiums - taxpayer. Long-term care premiums - spouse. Insurance reimbursement (enter as a positive number). Lodging and transportation: Out-of-pocket expenses. Medical miles driven Other medical and dental expenses:    TAXES PAID (State and local withholding and 2015 estimates are automatic.)	Medicare insurance premiums on Sheet 14.	2015 Amount	TS	2014 Amount
Hospitals and nursing homes. Insurance premiums not entered elsewhere (excl. LT care & amits, paid w/pre-tax dollars). Long-term care premiums - stapayer. Long-term care premiums - stapayer. Long-term care premiums - spouse. Insurance reimbursement (enter as a positive number). Lodging and transportation: Out-of-pockel expenses. Medical miles driven.  Other medical and dental expenses:  Medical miles driven.  TAXES PAID (State and local withholding and 2015 estimates are automatic.)  State income taxes - 1/15 payment on 2014 state estimate. State income taxes - paid with 2014 state return extension. State income taxes - paid of the 2014 state return extension. State income taxes - paid for prior years and/or to other state. City/local income taxes - paid with 2014 state return. State income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 city/local estimate. City/local income taxes - paid with 2014 state return.  SALES AND USE TAXES PAID  State and local sales taxes (except autos and special items) Use taxes paid on 2015 purchases.  Use taxes paid with 2014 state return. Sales tax on autos not included above. Sales tax on autos not included above. Sales tax on autos not included above. Sales tax on taxes, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Foreign income taxes.  Foreign income taxes.	Prescription medicines and drugs.			
Insurance premiums not entered elsewhere (excl. LT care & amits, paid w/pre-tax dollars). Long-term care premiums - taxpayer. Long-term care premiums - spouse. Insurance reimbursement (enter as a positive number). Lodging and transportation: Out-of-pocket expenses. Medical miles driven  Other medical and dental expenses:	Doctors, dentists and nurses			
Long-term care premiums - taxpayer. Long-term care premiums - spouse. Insurance reimbursement (enter as a positive number). Lodging and transportation: Out-of-pocket expenses. Medical miles driven. Other medical and dental expenses:  TAXES PAID (State and local withholding and 2015 estimates are automatic.)  State income taxes - 1/15 payment on 2014 state estimate. State income taxes - paid with 2014 state return. State income taxes - paid with 2014 state return. State income taxes - paid for prior years and/or to other state. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension. City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local extension.  City/local income taxes - paid with 2014 city/local ex	Hospitals and nursing homes.			
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State income taxes - 1/15 payment on 2014 state estimate	Other medical and dental expenses:			
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State income taxes - 1/15 payment on 2014 state estimate	TAY/FO DAID			
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City/local income taxes - paid with 2014 city/local return				
SALES AND USE TAXES PAID  State and local sales taxes (except autos and special items)	· · · · · · · · · · · · · · · · · · ·			
State and local sales taxes (except autos and special items)  Use taxes paid on 2015 purchases.  Use taxes paid with 2014 state return.  Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.			1 1	
Use taxes paid on 2015 purchases.  Use taxes paid with 2014 state return.  Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.	SALES AND USE TAXES PAID			
Use taxes paid on 2015 purchases.  Use taxes paid with 2014 state return.  Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.	State and local sales taxes (except autos and special items)			
Use taxes paid with 2014 state return.  Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.				
Sales tax on autos not included above.  Sales tax on boats, aircraft, other special items.  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.				
Sales tax on boats, aircraft, other special items  OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment.  Personal property taxes (including auto fees in some states. Provide a copy of tax notice).  Foreign income taxes.				
OTHER TAXES PAID  Real estate taxes - principal residence:  Real estate taxes - property held for investment				
Real estate taxes - principal residence:  Real estate taxes - property held for investment	·		1 1	
Real estate taxes - property held for investment	OTHER TAXES PAID			
Real estate taxes - property held for investment	Real estate taxes - principal residence:			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	Thouse sociate takes printing at residence.			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)				
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)				
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)				
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	Real estate taxes - property held for investment			
Foreign income taxes.				
	——————————————————————————————————————			
	Other taxes.			
			1 1	

2015 1040 US Itemized Deductions (continued) 25 p2

ome mortgage int. (Box 1) and points (Box 2) reported on Form 1098:	2015 Amount	TS	2014 Amount
Home mortgage interest not reported on Form 1098:			
Payee's name			
Payee's SSN or FEIN			
Payee's street address.			
Payee's city			
Payee's state			
Payee's ZIP code			
Payee's region			
Payee's postal code			
Payee's country			
Amount paid			
oints not reported on Form 1098:			
lortgage insurance premiums on post 12/31/06 contracts (Box 4)			
vestment interest (interest on margin accounts):			
assive interest			
ertain home mortgage interest included above (6251)			
NOTE: Points paid on loans other than to buy, build, or improve your ma For these types of loans also provide the dates and lives of the lo CASH CONTRIBUTIONS  NOTE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contribution			
·	on date(s), and contribution a	mount(s	a written communication s).
hurches, schools, hospitals, and other charitable organizations (50% lim Contributions by cash or check:	on date(s), and contribution a	mount(s	a written communication s).
hurches, schools, hospitals, and other charitable organizations (50% lim	on date(s), and contribution a	mount(s	a written communication
hurches, schools, hospitals, and other charitable organizations (50% lim	on date(s), and contribution a	mount(s	a written communication
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hurches, schools, hospitals, and other charitable organizations (50% lim	on date(s), and contribution a	mount(s	a written communication
hurches, schools, hospitals, and other charitable organizations (50% lim Contributions by cash or check:	on date(s), and contribution a	mount(s	a written communication s).
hurches, schools, hospitals, and other charitable organizations (50% lim  Contributions by cash or check:  Volunteer expenses (out-of-pocket)	on date(s), and contribution a	mount(s	a written communication s).
hurches, schools, hospitals, and other charitable organizations (50% lim Contributions by cash or check:	on date(s), and contribution a	mount(s	a written communication s).
hurches, schools, hospitals, and other charitable organizations (50% lim  Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles	on date(s), and contribution a	mount(s	5).
hurches, schools, hospitals, and other charitable organizations (50% lim  Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  eterans' organizations, fraternal societies, nonprofit cemeteries, and cer	on date(s), and contribution a	mount(s	5).
hurches, schools, hospitals, and other charitable organizations (50% lim  Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  eterans' organizations, fraternal societies, nonprofit cemeteries, and cer	on date(s), and contribution a	mount(s	5).
hurches, schools, hospitals, and other charitable organizations (50% lim  Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  eterans' organizations, fraternal societies, nonprofit cemeteries, and cer	on date(s), and contribution a	mount(s	5).
hurches, schools, hospitals, and other charitable organizations (50% lim  Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  eterans' organizations, fraternal societies, nonprofit cemeteries, and cer	on date(s), and contribution a	mount(s	5).
hurches, schools, hospitals, and other charitable organizations (50% lim  Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  eterans' organizations, fraternal societies, nonprofit cemeteries, and cer	on date(s), and contribution a	mount(s	5).
hurches, schools, hospitals, and other charitable organizations (50% lim  Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  eterans' organizations, fraternal societies, nonprofit cemeteries, and cer	on date(s), and contribution a	mount(s	5).

2015 1040 US Itemized Deductions (continued) 25 p3

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

r lease enter all pertinent 2013 amounts.	Last year 3 amounts are provided for	your reference
NONCASH CONTRIBUTIONS		

NOTE: Use Sheet 26 if total noncash contributions as	re over \$500. No deduction is allowed f	or contributions of clothing and household items
that are not in <i>good</i> used condition or better.	In addition, a deduction for any item v	vith minimal monetary value may be denied.

0% limitation (see above):	2015 Amount	TS	2014 Amount
6 limitation (see above):		<u> </u>	
capital gain property (girts of capital gain property to 50 % limit orgs.).			
6 capital gain property (gifts of capital gain property to non-50% limit orgs.)	:		
on and professional dues			
ner unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expense	s):		
estment expense:			
return preparation fee			
e deposit box rental			
cellaneous deductions (2% AGI) (certain legal and accounting fees, I custodial fees):			
		++	

**25** p3

2015 1040 US Itemized Deductions (continued) 25 p4

Please enter all pertinent 2015 amounts. Last year's amounts are provided for your reference.

THER MISCELLANEOUS DEDUCTIONS	2015 Amount	TS	2014 Amount
state tax, section 691(c)			
her miscellaneous deductions:			
	_		
	<del>-</del>		
	_		
	_		
	_		
	_		
_	_		
	_		
	_		
-	_		

2015 1040 US Itemized Deductions (continued) 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2015 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- 2. Total home acquisition debt exceeded \$1,000,000 at any time during 2015 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

## Please enter all pertinent 2015 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

<del></del>	2015 Amount	TS	2014 Amount
air market value of the property on the date that the last debt was secured			
ome acquisition and grandfather debt on the date that the last debt was secured			
OAN INFORMATION			
oan #1			
Lender's name.			
Form (see table)		+	
Number of form.			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2015			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2015			
Grandfather debt balance - beginning of year			
oan #2			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2015.			
Home equity debt balance - beginning of year.			
Home equity debt barance beginning of year.			
Grandfather debt balance - beginning of year			
		1 1	

3 = Schedule E

25 p5

2015 | 1040 | US | Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2015, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONAILL	FROFE	RTY INFORMATION				
	Name of cha	aritable organization (donee)				
		ess				
		2=joint				
		scription (other than vehicle)				
	1 Topolty do	Identification number (VIN)				
No.		Year (yyyy)				
	Vehicle	Make and model				
		Condition and mileage				
	Date of con	tribution (m/d/y)				
		ed by donor (m/y)				
		ed by donor (Table 1 or describe)				
		t or basis				
		value				
	Method use	d to determine FMV (Table 2 or descr	ıbe)			
	N 6 1					
		aritable organization (donee)				
	Street address					
		2=joint				
	Property de	scription (other than vehicle)				
		Identification number (VIN)				
No.	Vehicle	Year (yyyy)				
	Verneie	Make and model				
		Condition and mileage				
	Date of con	tribution (m/d/y)				
		ed by donor (m/y)				
		ed by donor (Table 1 or describe)				
		t or basis				
		value				
		d to determine FMV (Table 2 or descr				
	INICTION USC	a to actermine I MV (Table 2 of acser	100)			
	How Pro	perty was Acquired	2 Method Us	sed to Determine FMV		
1	= Purchase	3 = Inheritance		3 = Catalog		
-	= Purchase = Gift	4 = Exchange	1 = Appraisal 2 = Thrift shop valu	1 - Comparable cales		
_	J		•			
			For other me	thods, see IRS Pub. 561.		

2015	1040	US	Business Use of Home (Form 8829)	No.	29

Please enter 2015 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME	2015 Amount	2014 Amount
orm		
lumber of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
otal area of home (square footage)		
otal hours facility used (for daycare facilities only)		
otal hours available (if not 8,760).		
6 (.xx) or amount of gross income from home if not 100% (-1 if none)		
6 (.xx) or amount of expenses from home if not 100% (-1 if none)		
NDIRECT EXPENSES		<u>.</u>
NOTE: Indirect expenses are for keeping up and running your entire home.  They benefit both the business and personal parts of your home.		
Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
nsurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Jtilities		
Excess mortgage interest		
Other indirect expenses:		
The maneet expenses.		
DIRECT EXPENSES		
NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.	le	
painting or repairs made to specific areas or rooms used for business.		
		<del>-</del>
Nortgage interest		
Mortgage interest		
-		
Real estate taxes.		
Real estate taxes		
Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.		
Real estate taxes. Qualified mortgage insurance premiums Casualty losses.		
Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Aliscellaneous.  Rent.		
Real estate taxes. Qualified mortgage insurance premiums Casualty losses. Insurance. Viscellaneous Rent. Repairs and maintenance.		
Real estate taxes. Qualified mortgage insurance premiums Casualty losses. Insurance. Miscellaneous Rent. Repairs and maintenance. Utilities		
Real estate taxes. Qualified mortgage insurance premiums Casualty losses. Insurance. Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest		
Real estate taxes. Qualified mortgage insurance premiums Casualty losses. Insurance. Miscellaneous Rent. Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses		
Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance.  Utilities  Excess mortgage interest  Excess casualty losses.		
Real estate taxes. Qualified mortgage insurance premiums Casualty losses. Insurance. Miscellaneous Rent. Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses		
Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance.  Utilities  Excess mortgage interest  Excess casualty losses.		
Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance.  Utilities  Excess mortgage interest  Excess casualty losses.		
Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance.  Utilities  Excess mortgage interest  Excess casualty losses.		

	1040	US	Employee/Vehicle Bus. Ex	p. (Form 2106)	No.	
	Please e	nter all pe	rtinent 2015 amounts. Last year's amo	unts are provided for y	our reference.	
GEN	ERAL IN	FORMA	ΓΙΟΝ			
Occupa	ation, if differ	ent from For	m 1040			
Numbe	er of form (1=	first Schedul	e C, 2=second, etc.).			
1=perf	ormance artis	t, 2=handica	pped, 3=fee-basis government official			
EMP	LOYEE E	BUSINES	SS EXPENSES	2015 Amount	2014 Amount	
Local t Travel Reimbi	ransportation expenses wh	(bus, taxi, to to the distance of the distance	(80% meal allowance)  rain, etc.)  n home overnight  Form W-2, box 1			
- - -						
_						
-						

NIZER						Page
104	10 l	JS	Vehicle Expenses (Form 2	2106) (cont.)	No.	<b>30</b> p2
Plea	ase ente	all pe	ertinent 2015 amounts. Last year's amo	ounts are provided fo	or your reference	e.
VEHICLE	INFOR	MAT	ION	2015 Amount	<b>2014 A</b> m	ount
1=vehicle use	d primarily	by mor	e than 5% owner			
1=vehicle is a	vailable fo	r off-dut	y personal use			
			or personal use			
			deduction		_	
1=no written	evidence to	suppoi	rt your deduction			
VEHICLE	1					
Description of	vehicle					
Date placed in	n service (r	m/d/y)				
Total mileage	(for the ta	x year).				
Business mile	eage					
Commuting m	nileage (for	the tax	year)			
			te			
			use if changed from 100% personal use			
		usiness	portion only)			
Actual expens						
•	•					
•						
			sonal property taxes)			
			sed on car's value)			
			dule C, E & F)			
			ents			
			vehicle on Form W-2 (2106)			
		iovided	venicle of 1 of the w-2 (2100)			
VEHICLE						
•						
			year)			
			tte		-	
			use if changed from 100% personal use			
			s portion only)			
Actual expens	-	, a 311 10 3 5	portion only):			
			sonal property taxes)			
			sed on car's value)			
			dule C, E and F)			<u> </u>
Vehicle re	ent or lease	payme	nts			
Inclusion	amount (er	nter as p	positive)			
Value of e	employer-p	rovided	vehicle on Form W-2 (2106)			

15	1040	US	Foreign Income Exclu	sion (Form 2555)	No.	31.1
GEN	NERAL IN	FORMA	Please enter all pertinent	2015 information.		
1=spo	ouse					
			different from Form 1040:			
	•					
	•					
Emplo	,					
	-					
U.	S. city					
U.	S. state					
U.	S. ZIP code.					
Fo	oreign street a	iddress				
	0 ,					
	0 1					
FC	oreign country					
Er	mployer type:	1=foreign	entity, 2=U.S. company, U.S. company, 5=other			
			U.S. company, 5=other			
Count	ry of citizensh	nip				
City a advers	nd country of se living cond	separate for itions (if app	eign residence if maintained due to licable):	Number of days during tax year at separate foreign address (if applicable)		
Tax h	omes(s) durin	g tax year:		Dates tax home(s) were established (m/d/y)		
						21 1
						31.1

15	1040	US	Foreign	Income E	yclusion	(2555)	\	No.	] 31.1
	1040	03	i oreign	income L	ACIUSIOII	(2333)			31.
			Please	enter all per	tinent 2015 ii	nformatio	n.		
TRA	VEL INF	ORMATIC	NC						
NOTE:	: Please ente	r all travel for	2015 as well as	travel for 2016 k	nown to date.				
Trave	el Type (table	) Name of	f country (if not U	nited States)	Date arriv	ed	Date left	Days in U	J.S. on business
	IA FIDE I	DECIDEN	IOE TECT A	ND DUVCI	CAL DDEC	ENOE T	FCT		
			ICE TEST A			ENCE I	ESI		
			idence (m/d/y) nce (m/d/y)						
-	-								
			y: 1=purchased ho -quarters furnishe	ed by employer					
Names o	of family living a	broad with taxpay	yer (if applicable):	Re	lationship		Period	family lived abr	road
			y of bona fide res						
1=requ	uired to pay i	ncome tax to	country of bona f	ide residence					
1=requ Contra	uired to pay i actual terms r	ncome tax to elating to len	country of bona f	ide residence nt abroad					
1=requ Contra Type o	uired to pay in actual terms r of visa you er	ncome tax to relating to len ntered foreign	country of bona f	ide residence nt abroad					
1=requ Contra Type o Explanat	uired to pay in actual terms roof visa you er tion why visa lim ss of home in	ncome tax to relating to len atered foreign ited stay or emplance.	country of bona f gth of employmer country under oyment in country (if a ined	ride residence nt abroad applicable)				1=1	U.S. home rente
1=requ Contra Type o Explanat	uired to pay in actual terms roof visa you er tion why visa lim ss of home in	ncome tax to relating to len ntered foreign ited stay or empl	country of bona f gth of employmer country under oyment in country (if a ined	ide residence nt abroad		ate	ZIP Code	e 1=t	J.S. home rente (if applicable)
1=requ Contra Type o Explanat	uired to pay in actual terms roof visa you er tion why visa lim ss of home in	ncome tax to relating to len atered foreign ited stay or emplance.	country of bona f gth of employmer country under oyment in country (if a ined	ride residence nt abroad applicable)		ate	ZIP Code	e 1=1	U.S. home rente (if applicable)
1=requ Contra Type o Explanat	uired to pay in actual terms r of visa you er tion why visa lim ss of home in living abroad	ncome tax to relating to len ntered foreign ited stay or empl n U.S. maintai (if applicable)	country of bona f gth of employmer country under oyment in country (if a ined ):	ride residence  nt abroad  applicable)  City		ate	ZIP Code	e 1=1	J.S. home rente (if applicable)
1=requ Contra Type o Explanat	uired to pay in actual terms r of visa you er tion why visa lim ss of home in living abroad	ncome tax to relating to len ntered foreign ited stay or empl n U.S. maintai (if applicable)	country of bona f gth of employmer country under oyment in country (if a ined	ride residence  nt abroad  applicable)  City	St		ZIP Code	9	(if applicable)
1=requ Contra Type o Explanat	uired to pay in actual terms r of visa you er tion why visa lim ss of home in living abroad	ncome tax to relating to len ntered foreign ited stay or empl n U.S. maintai (if applicable)	country of bona f gth of employmer country under oyment in country (if a ined ):	ride residence  nt abroad  applicable)  City	St			9	(if applicable)
1=requ Contra Type o Explanat	uired to pay in actual terms r of visa you er tion why visa lim ss of home in living abroad	ncome tax to relating to len ntered foreign ited stay or empl n U.S. maintai (if applicable)	country of bona f gth of employmer country under oyment in country (if a ined ):	ride residence  nt abroad  applicable)  City	St			9	(if applicable)
1=requ Contra Type o Explanat	uired to pay in actual terms r of visa you er tion why visa lim ss of home in living abroad	ncome tax to relating to len ntered foreign ited stay or empl n U.S. maintai (if applicable)	country of bona f gth of employmer country under oyment in country (if a ined ):	ride residence  nt abroad  applicable)  City	St			9	(if applicable)
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names	ncome tax to relating to len ntered foreign ited stay or emple U.S. maintai (if applicable) of occupants	country of bona f gth of employmer country under oyment in country (if a ined ):	applicable)	St			9	(if applicable)
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names	ncome tax to relating to len ntered foreign ited stay or emple U.S. maintai (if applicable) of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	applicable)	St			9	(if applicable)
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names	ncome tax to relating to len ntered foreign ited stay or employed of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	applicable)	St		of occupants in U.	s.S. home (if ap	plicable)
1=requence Contract Type of Explanate Address while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home in living abroad  Names  pal country of REIGN HC	ncome tax to elating to len htered foreign ited stay or emplor U.S. maintai (if applicable) of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	ride residence  nt abroad  applicable)  City  applicable)	St	lationship o	of occupants in U.	9	plicable)
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home in living abroad  Names  pal country of REIGN HC	ncome tax to relating to len ntered foreign ited stay or employed of occupants of occupants of employment outside the stay of occupants of occupants of occupants outside the stay of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	ride residence  nt abroad  applicable)  City  applicable)	St	lationship o	of occupants in U.	S. home (if ap	plicable) mount
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names  Pal country of REIGN HC ied housing e	ncome tax to relating to len ntered foreign ited stay or employed of occupants of occupants of employment outside the stay of occupants of occupants of occupants outside the stay of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	ride residence  nt abroad  applicable)  City  applicable)	St	lationship o	of occupants in U.	S. home (if ap	plicable) mount
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names  Pal country of REIGN HC ied housing e	ncome tax to relating to len ntered foreign ited stay or employed of occupants of occupants of employment outside the stay of occupants of occupants of occupants outside the stay of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	ride residence  nt abroad  applicable)  City  applicable)	St	lationship o	of occupants in U.	S. home (if ap	plicable) mount
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names  Pal country of REIGN HC ied housing e	ncome tax to relating to len ntered foreign ited stay or employed of occupants of occupants of employment outside the stay of occupants of occupants of occupants outside the stay of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	ride residence  nt abroad  applicable)  City  applicable)	St	lationship o	of occupants in U.	S. home (if ap	plicable) mount
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names  Pal country of REIGN HC ied housing e	ncome tax to relating to len ntered foreign ited stay or employed of occupants of occupants of employment outside the stay of occupants of occupants of occupants outside the stay of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	applicable)	St Re	lationship o	of occupants in U.	S. home (if ap	plicable) mount
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names  Pal country of REIGN HC ied housing e	ncome tax to relating to len ntered foreign ited stay or employed of occupants of occupants of employment outside the stay of occupants of occupants of occupants outside the stay of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	applicable)  City  Tra	St Re	lationship o	of occupants in U.	S. home (if ap	plicable) mount
1=requ Contra Type of Explanat Addres while I	uired to pay in actual terms rof visa you er tion why visa lim ss of home ir living abroad  Names  Pal country of REIGN HC ied housing e	ncome tax to relating to len ntered foreign ited stay or employed of occupants of occupants of employment outside the stay of occupants of occupants of occupants outside the stay of occupants	country of bona f gth of employmer country under oyment in country (if a ined ): s in U.S. home (if	Tra  1 = Travel to to 2 = Travel to 1 = Tr	St Re	2015 An	of occupants in U.	S. home (if ap	plicable)

2015	1040	HC	Foreign Income Exclusion (Form 2555)	No.	21.2
<b>ZUID</b>	1040	L U2	Foreign income Exclusion (Form 2555)	NO.	31.Z

Please enter all pertinent 2015 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS	2015 Amount	2014 Amount
Name or number		
=spouse		
=retirement plan (Box 13).		
Name of employer (Box c)		
Vages, tips, other compensation (Box 1)		
ederal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
ocal income tax withheld (Box 19)		
FOREIGN ALLOWANCES, REIMBURSEMENTS	AND OTHER EARNED IN	ICOME
Noncash Income		
Home (lodging)		
Meals		
Car	. [	
Other properties or facilities:		
Allowances and Reimbursements		
Cost of living and overseas differential		
amily		
Education		
Home leave		
Quarters		
Other purposes:		1
Meals and lodging provided for the convenience of the		1
Employer (excludable under section 119)		
Other Fersian Fermad Income		
Other Foreign Earned Income		
2015 Davis Warked Alla action Information		
2015 Days Worked Allocation Information		
	1	
otal number of days worked (if not 240).		

2015 | 1040 | US | Health Savings Accounts (8889) | 32.1

Please enter all pertinent 2015 amounts & attach all 1099-SA forms. Last year's amounts are provided for your reference.

## **HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2015, a high deductible health plan is one with an annual deductible that is not less than \$1,250 for self-only coverage or \$2,500 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,350 for self-only coverage or \$12,700 for family coverage.

	2015 A	mount	2014 A	mount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				
HSA DISTRIBUTIONS				
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses	_			

aid ioi (iii	Care or one or	15 information. Last ye more dependents ena	ioning you to wo	an or allend scribt	n to quality for th	iis Citul
EPEND	ENT CARE E	XPENSES (33.1)		Amount	2014 An	
		ed but not paid in 2015	Taxpayer	Spouse	Taxpayer	Spouse
•	•	ted in 2015				
No.	First name Last name Title or suffix Date of birth (m/c	MSES QUALIFYING			2014 amt:	
	1=disabled 1=spouse, 2=join	t			EVIT UIIIC.	
No	Last name Title or suffix Date of birth (m/o	I/y)				
	1=disabled	ent care expenses in 2015			2014 amt:	
PERSON	Name of provider	IIZATIONS PROVIC	OING CARE (	33.2)		
	City					
No.	Foreign postal co Foreign country . Identification nun	de				
		are provider in 2015 t			2014 amt:	

33.1,33.2

-					
2015	1040	US	Education Credits / Tuition Deduction	No.	38

1=taxpayer, 2=spouse		
ast name		
Social security number.		
Number of years hope credit claimed		
Number of prior years AOC claimed		
l=student was NOT enrolled at least half-time for at least one academic period that began in 2014 (or the first 3 months of 2015 if the qualified expenses were made in 2014) at an eligible institution in a qualified program.		
1=student completed first four years of post-secondary education before 2014		
EDUCATIONAL INSTITUTION ATTENDED (#1)		
Name		
Street address		
City		
State		
ZIP code.		
1=2015 Form 1098-T was NOT received.		
1=2015 Form 1098-T received with Box 2 & 7 completed		
1=2014 Form 1098-T received with Box 2 & 7 completed		
Federal ID number from Form 1098-T		
City		
QUALIFIED EDUCATION EXPENSES		
·	2015 Amount	2014 Amount
Qualified tuition & fees paid in 2015 (net of refund or assistance, & not entered elsewhere).		
Books & supplies required to be purchased from institution		
Books & supplies not entered above		
Amount of prior year refund or assistance *		

201E	1040	шс	Health Covers to Forms	20.1
2015	1040	US	Health Coverage Form	39.1

GENERAL INFORMATION	
1=entire household covered for all months, 2=no mon	ths
Date married (if in current year)	
COVERED INDIVIDUAL (#1)	COVERED INDIVIDUAL (#2)
a) First name	(a) First name
a) Last name	(a) Last name
b) ID number (SSN or TIN)	(b) ID number (SSN or TIN)
d) 1=covered all 12 months	(d) 1=covered all 12 months
e) Months of coverage:	(e) Months of coverage:
1=November 2014	1=November 2014
1=December 2014	1=December 2014
1=January	1=January
1=February	1=February
1=March	1=March
1=April	1=April
1=May	1=May
1=June	1=June
1=July	1=July
1=August	1=August
1=September	1=September
1=November	1=November
1=December	1=December
COVERED INDIVIDUAL (#3)	COVERED INDIVIDUAL (#4)
a) First name	(a) First name
a) Last name	(a) Last name
o) ID number (SSN or TIN)	(b) ID number (SSN or TIN)
d) 1=covered all 12 months	(d) 1=covered all 12 months
e) Months of coverage:	(e) Months of coverage:
1=November 2014	1=November 2014
1=December 2014	1=December 2014
1=January	1=January
1=February	1=February
1=March	1=March
1=April	1=April
1=May 1=June	1=May 1=June
i valia	1=July
1=Julv	1=August
1=July 1=August	
1=August	
1=August	1=September
1=August	
1=August	1=September

39.1

2015	1040	US	Additional Information			
Pleas	Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.					