

<b>2015</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**Accounting Resources**  
 112 Governor's Square Ste D  
 Peachtree City, GA 30269

Telephone number: (770) 632-5562  
 Fax number: (770) 632-5599  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2015 tax return. Please enter all pertinent 2015 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

**Taxpayer**

**Spouse**

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address

In care of . . . . .	
Street address . . . . .	
Apartment number . . . . .	
City . . . . .	
State . . . . .	
ZIP code . . . . .	

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**2015 1040 US Tax Organizer**

Please enter all pertinent 2015 information. If you have attached a government form for an item, check the box and do not enter a 2015 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2015 Amount	2014 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
_____	_____
_____	_____

Winnings not reported on W-2G. ....  
 Total gambling losses. ....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) . . . . .
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income . . . . .
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments . . . . .
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).

<b>Attach Forms 1099</b>	
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Form 1099-G - State tax refunds . . . . .

<b>Attach Forms 1099</b>	_____
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits . . . . .
<input type="checkbox"/>	Form 1099-G - Unemployment compensation. . . . .

<b>Attach Forms 1099</b>	_____
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits . . . . .
<input type="checkbox"/>	Form 1099-G - Unemployment compensation. . . . .

<b>Attach Forms 1099</b>	_____
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received . . . . .  
 Spouse: Alimony received. . . . .  
 Other: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

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**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

Spouse: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

2015 Amount	2014 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....

Form 1098-T - Tuition and related expenses .....

<b>Attach Forms 1098</b>	
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**AFFORDABLE CARE ACT**

Form 1095-A - Health Insurance Marketplace Statement .....

Form 1095-B - Health Coverage .....

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....

<b>Attach Forms 1095</b>	
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**ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

\_\_\_\_\_

\_\_\_\_\_


Alimony paid - Recipient name & SSN .....

\_\_\_\_\_

\_\_\_\_\_


Spouse:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

\_\_\_\_\_

\_\_\_\_\_


Alimony paid - Recipient name & SSN .....

\_\_\_\_\_

\_\_\_\_\_


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....

Doctors, dentists and nurses .....

Hospitals and nursing homes .....

Insurance premiums .....

Long-term care premiums - taxpayer .....

Long-term care premiums - spouse .....

Insurance reimbursement .....

Out-of-pocket lodging and transportation expenses .....

Number of medical miles .....

Other: \_\_\_\_\_

\_\_\_\_\_


**TAXES PAID**

State income taxes - 1/15 payment on 2014 state estimate .....

State income taxes - paid with 2014 state extension .....

State income taxes - paid with 2014 state return .....

State income taxes - paid for prior years and/or to other states .....


**TAXES PAID (continued)**

City/local income taxes - 1/15 payment on 2014 city/local estimate.....  
 City/local income taxes - paid with 2014 city/local extension.....  
 City/local income taxes - paid with 2014 city/local return.....  
 State and local sales taxes (except autos and special items).....  
 Use taxes paid on 2015 purchases.....  
 Use taxes paid on 2014 state return.....  
 Sales tax on autos not included above.....  
 Sales taxes paid on boats, aircraft, and other special items.....  
 Real estate taxes - principal residence.....  
 Real estate taxes - property held for investment.....  
 Foreign income taxes.....  
 Personal property taxes (including automobile fees in some states)...

2015 Amount	2014 Amount
<b>Attach Tax Notice</b>	

**INTEREST PAID**

Home mortgage interest and points paid:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Points not reported on Form 1098:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Mortgage insurance premiums on post 12/31/06 contracts.....  
 Investment interest (interest on margin accounts):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Passive interest.....

<b>Attach Forms 1098</b>	

**CASH CONTRIBUTIONS**

**NOTE:** No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

\_\_\_\_\_  
 \_\_\_\_\_  
 Volunteer expenses (out-of-pocket).....  
 Number of charitable miles.....


**NONCASH CONTRIBUTIONS**

**NOTE:** No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

\_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS**

Union and professional dues.....  
 Tax return preparation fee.....  
 Safe deposit box rental.....  
 Investment expenses.....  
 Estate tax, section 691(c).....  
 Unreimbursed employee expenses:


\_\_\_\_\_  
 \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_


# Accounting RESOURCES

112 Governor's Square, Suite D  
Peachtree City, GA 30269  
770-632-5562 770-632-5599 fax  
AcctResources.com

Dear Client,

Thank you for engaging us to assist you. This letter is to confirm our understanding of the services to be rendered. We hope to better meet your expectations of service by clearly identifying the particular services to be provided. We will prepare your 2015 U.S. Individual Income Tax Return (Form 1040) and your 2015 Georgia Individual Income Tax Return (Form 500). Here are the terms of our professional relationship:

A. We will prepare the tax returns from information furnished to us by you. You represent that you will provide us information which is complete, true and correct, disclosing all relevant facts. We will restrict our service to preparation of your tax return with no continuing obligation to update or provide other services. We do not file extensions unless asked to do so.

B. Upon receipt of our tax organizer, we ask you to review and complete it as best you can. (We will review the tax organizer, and in some cases, we may assist in completing it by documenting things you tell us. This is to be construed as if you prepared it in your own handwriting.) The IRS says it is your responsibility that all items of income and expenses are properly included and presented on your tax return. It is your obligation to review the returns carefully before signing and returning Form 8879.

C. **We will e-file all returns upon receipt of a signed Form 8879 and payment of our invoice.** It is possible your e-filing may be rejected, in which case we will prepare returns for paper filing. There will be an additional charge of \$25 for re-compiling the returns for paper filing. We will give you a signed copy of the return. Additional copies are \$10 per return, per year.

D. You're aware of IRS record keeping and documentation requirements and you represent that you have the necessary documentation. You understand we won't audit or verify your information. For example, your deduction for "listed property" (including automobiles), travel expenses and meals and entertainment must be supported by the necessary records, as required under Section 274 of the Internal Revenue Code. If you have any questions as to the type of records required, please ask us for advice in that regard.

E. It is possible you may receive a notice for additional tax, or for clarification of items. You promise you will contact us if you receive any communication from any taxing authority. **Additional work required, including responding to any inquiries from tax authorities, tax planning, or amended returns will be billed at our regular hourly rates.**

F. There may be elections and decisions in your return which could be challenged by tax authorities. If we believe we see a gray area, we will discuss it with you. We are required by law to disclose any position on a return for which there is a reasonable probability of challenge. Tax law is ever-changing. It is possible that you may be assessed additional tax, interest, or penalty.

G. Penalties on underpayment, late filing or failure to file on time or interest on unpaid tax are your responsibility. If you receive a penalty imposed as the result of our error, we will reimburse you for the penalty or credit your account.

H. You understand what was involved in the preparation of your return and acknowledge that the return was prepared with your informed consent. You agree to the reasonableness of how we bill, and you agree to pay our bill upon presentation.

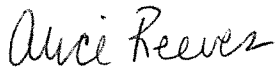
I. We will return all the original source documents provided to us. We routinely scan and keep copies of some supporting documents, but we are not the custodian of your records, and you cannot rely upon us to maintain support for your tax return - that is your responsibility. By accepting the return, you acknowledge the return of all original source documents.

J. Should there be any disagreement of any sort between us, you agree to mediation. If mediation is unsuccessful, you agree to binding arbitration under the rule of the American Arbitration Association. The limit of time for making a claim arising from our services is one year after the services are rendered.

K. Advice, suggestions and opinions which are given informally, orally or via email do not have the same force and effect of a formal written opinion and should not be relied upon to the same degree. The IRS says that any advice which you receive from us, either in writing or orally cannot be used as a defense against the assessment of a penalty.

L. If any provision herein is inoperative, the remainder of this agreement shall remain in full force and effect. This agreement is intended as the complete agreement and can only be modified in writing signed by both of us.

We appreciate your continued business and welcome any referrals.



Alice Reeves

Read, understood and agreed to on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Signature (H)

\_\_\_\_\_ Signature (W)