

Tax Deduction Locator & IRS Trouble Minimizer

Provided By:

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SAVE TIME – READ THIS FIRST

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is not to overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2015 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

Section Categories – To help you collect your information quickly, this organizer is organized into four general areas. Information required from:

- everyone – Sections A1 – A13 (Pages 2 & 3)
- everyone – Health Care reporting – Section D1 (page 4)
- those who have relocated, sold their home, made home energy improvements or have debt relief income – Sections D2 – D5 (Page 4)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section.

Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry on their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

- ☐ Please call to schedule your appointment. Try to call early before the calendar is booked up.
- ☐ Please mail the completed organizer to this office prior to your appointment.
- ☐ Please mail the completed organizer along with required documentation, W2s, 1099s, 1098s, K-1s, etc., to this office so your return can be prepared by correspondence.

- ☐ Your tax appointment is scheduled for:

Day: _____

Date: _____

Time: _____

Please notify this office promptly if you are unable to keep this appointment.

If you are a new client, be sure to provide a copy of last year's tax return.

Referrals are Always Appreciated.

If you know someone who would like a tax appointment, please have them call this office.

Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer.

All client information is treated in the utmost confidence.

TAXPAYER INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

A1 - TAXPAYER INFORMATION

Returning clients can skip this section except for changes.

| | |
|---|---|
| Filer Name (Must Match SS Admin) | |
| Social Security No. | Birth Date / / |
| Occupation | <input type="radio"/> If Legally Blind |
| Contact Phone | <input type="radio"/> Day <input type="radio"/> Evening |
| E-Mail Address | |
| Spouse Name (Must Match SS Admin) | |
| Social Security No. | Birth Date / / |
| Occupation | <input type="radio"/> If Legally Blind |
| Contact Phone | <input type="radio"/> Day <input type="radio"/> Evening |
| E-Mail Address | |

A2 - ADDRESS

Returning clients can skip this section except for changes.

| | |
|-------------------|-------------|
| Street | Apt/Unit No |
| City | State Zip |
| Home Phone Number | |

A3 - STATUS CHANGES FOR 2015

Check any that apply and enter the effective date.

| | |
|-----------------------------------|--|
| <input type="radio"/> Married / | <input type="radio"/> Moved / |
| <input type="radio"/> Separated / | <input type="radio"/> Home Sold / |
| <input type="radio"/> Divorced / | <input type="radio"/> Spouse Deceased / |
| <input type="radio"/> Retired / | <input type="radio"/> Dependent Deceased / |

A4 - ESTIMATED TAXES PAID

This office cannot assume that all estimated taxes were paid as originally scheduled or on time. Therefore, please enter the amounts and dates of payment or provide proof of payments. Incorrect amounts will result in IRS correspondence after the return is filed.

| Payment & Due Date | Date Paid | Federal | State |
|---------------------------------|-----------|---------|-------|
| Applied from Last Year's Refund | | | |
| First Quarter April 15, 2015 | | | |
| Second Quarter June 15, 2015 | | | |
| Third Quarter Sept. 15, 2015 | | | |
| Fourth Quarter Jan. 16, 2016 | | | |

A5 - REFUND DIRECT DEPOSIT

Complete this section to have your refund automatically deposited into your bank account. Doing so will speed up the refund and eliminate the danger of a check being lost or stolen. Direct deposit can be allocated to up to 3 separate accounts. Entries for only one account are provided below. If you wish to make multiple deposits, please provide the additional account information and how you wish to allocate the refund.

| |
|---|
| Bank Name |
| Bank Routing Number (Exactly 9 Digits) |
| Account Number (include hyphens - omit spaces & special characters - 17 digits max) |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings Allocation: |

A6 - INCOME & ADJUSTMENTS

| You | Spouse |
|---|---|
| W-2 Wages - Please provide W-2 forms (retain copy "C" for your records) | |
| Partnership, Trust or S-Corporation K-1s (provide complete K-1 copies) | |
| Were you the beneficiary of an inheritance? If so, please verify with executor or trustee if you will be receiving a K-1. | <input type="radio"/> Yes <input type="radio"/> Yes |
| State Tax Refund (provide 1099-G) | |
| Social Security or RR (provide SSA-1099 or RRB-1099) | |
| Pension Income (provide all 1099-Rs) | |
| Alimony Received (IRS matches with alimony paid) | |
| Alimony Paid (provide name and SSN below) Paid to: | SS#: |
| Tips (not included in W-2) | |
| Unemployment Compensation (provide 1099-G) | |
| Gambling Winnings (provide W-2Gs) | |

A7 - IRA & SE PLANS

| You | Spouse |
|---|---|
| Retirement Plan with your Employer? | <input type="radio"/> Yes <input type="radio"/> Yes |
| Did you or your spouse convert a traditional IRA into a Roth IRA during 2015? | <input type="radio"/> Yes <input type="radio"/> Yes |
| Traditional IRA, Keogh & SEP Plans | |
| Contributions | |
| Withdrawals (1099-R) ⁽¹⁾ | |
| Rollovers ^{(2) (3)} | |
| Basis (Total of prior year non-deductible contributions) | |
| Roth IRA | |
| Contributions | |
| Withdrawals (1099-R) ⁽¹⁾ | |
| Rollovers ^{(2) (3)} | |
| (1) Show reason if under age 59½ (2) Must be reported even if not taxable unless directly "transferred" (3) Rollovers from Traditional to a Roth IRA may be taxable. | |

A8 - SPECIAL QUESTIONS & INFORMATION

| | |
|--|--|
| Coverdell Education Account Contribution | |
| Coverdell Education Account Distribution (provide 1099-Q) | |
| Qualified Tuition Plan (Sec. 529) Distribution (provide 1099-Q) | |
| Student Loan Interest paid (provide 1098-E) | |
| HSA Distributions (provide 1099-SA) | |
| Adoption Expenses <input type="radio"/> If "special needs child" | |
| CAUTION - Review the following questions carefully. There are severe penalties associated with failing to report an interest in or signature authority over a foreign bank account. Please call our attention to any dealings related to foreign accounts and inheritances. | |
| <input type="checkbox"/> If you or your spouse have signature authority or are named as a co-owner on a bank account in a foreign country even if the funds are not yours. | <input type="radio"/> |
| <input type="checkbox"/> If you received an inheritance from someone in a foreign country. | <input type="radio"/> |
| <input type="checkbox"/> If you or your spouse have a foreign bank account (over \$10,000) | <input type="radio"/> |
| <input type="checkbox"/> If you or your spouse received a distribution from, or were the grantor, or transferor to, a foreign trust | <input type="radio"/> |
| <input type="checkbox"/> If at any time during the year you or your spouse held an interest in a foreign financial asset | <input type="radio"/> |
| <input type="checkbox"/> If you have been denied Earned Income Credit by the IRS | <input type="radio"/> |
| <input type="checkbox"/> If you have been re-certified for the Earned Income Credit | <input type="radio"/> |
| <input type="checkbox"/> If you bought, sold, or gifted real estate in 2015. If you have, please call in advance to discuss what documents are needed. | <input type="radio"/> |
| <input type="checkbox"/> If you made a gift of money or property to any individual in excess of \$14,000 (\$28,000 for joint gifts by a married couple) | <input type="radio"/> |
| <input type="checkbox"/> If you employ household workers | <input type="radio"/> |
| <input type="checkbox"/> If you sold jewelry, gold, coins, or other precious metals during the year | <input type="radio"/> |
| <input type="checkbox"/> If you wish to contribute to the Presidential campaign fund: | <input type="radio"/> You <input type="radio"/> Spouse |

ADDITIONAL INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your spouse or dependents.

A9 - DEPENDENTS

Returning clients need only enter first names and any changes. Enter all the information for new dependents.

| First Name | Last Name (If Different) | Social Security # (Mandatory) | Enter S-Son, D-Daughter, F-Father, M-Mother, G-Grandchild, or enter other relationship | Months in Home (Your Home) | Birth Date | If over the age of 18 Income | ✓ if Student |
|------------|-----------------------------|----------------------------------|--|-------------------------------|------------|---------------------------------|-----------------------|
| | | | | | / / | | <input type="radio"/> |
| | | | | | / / | | <input type="radio"/> |
| | | | | | / / | | <input type="radio"/> |

A10 - INTEREST INCOME

IRS matches payer and amount. Always use the payer name listed on 1099 even if not the original source.

Caution: All interest must be reported even if tax-free!

| Name of Payer Please provide all forms 1099INT and 1099OID (Entries are not needed when 1099s are provided) | Banks, Credit Union, Corp Bonds, etc. | Seller Financed Mortgages | Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State Tax-Free) | Home State Municipal Bonds (Generally Tax-Free) | Other State (Federal Tax-Free) |
|---|--|---|---|---|-----------------------------------|
| | | Note: Seller financed mortgages require the name, SS# and address of the payer. See the special line below. | | | |
| | | | | | |
| | | | | | |
| Payer Name: | SS#: | | Address: | | |
| | | | | | |
| Forfeited Interest | | | Federal Tax Withholding on Interest & Dividends | | |

A11 - DIVIDEND INCOME

IRS matches payer and amount. Always use payer name listed on 1099 even if not the original source. Some institutions use substitute 1099s and caution must be used in separating the various types of dividends. Please bring broker statements.

| Name of Payer - Please provide all forms 1099DIV (Entries are not needed when 1099s are provided) | Foreign Taxes Paid | Ordinary Dividends | Qualified Dividends ⁽¹⁾ | Capital Gains | Source U.S. Obligations ⁽²⁾ | Taxable to State Only | Non-Taxable State & Federal |
|--|-----------------------|-----------------------|---------------------------------------|------------------|---|--------------------------|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(1) Qualified dividends receive special tax treatment and are included in the "Ordinary Dividends" total. (2) Includes income from savings bonds, T-Bills, etc., which are state tax-free.

A12 - INVESTMENT SALES

IRS matches gross proceeds from sales using the 1099-B. All transactions must be reported even if there is no profit. If broker provides a summary of transactions, bring it and skip this section. For home sales, see Section D2.

| Description (Please provide all forms 1099B and any gain/loss statements provided by broker) | ✓ If Inherited | Date Acquired | Date Sold | Selling Price | Cost or Other Basis ⁽¹⁾ | Profit (Memo Only) |
|---|-----------------------|------------------|--------------|------------------|---------------------------------------|-----------------------|
| | <input type="radio"/> | / / | / / | | | |
| | <input type="radio"/> | / / | / / | | | |
| | <input type="radio"/> | / / | / / | | | |
| | <input type="radio"/> | / / | / / | | | |
| | <input type="radio"/> | / / | / / | | | |

(1) The basis from which gain is determined may not be the original cost and must account for stock splits, reverse splits, mergers, reinvested dividends, wash sales, etc.

A13 - CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or search for work) or attend school FULL-TIME. Care must be for a child under age 13 or an individual who is physically or mentally incapable of self care. IRS matches employer provided care benefits and income reporting of care provider.

| <input type="radio"/> ✓ If you have employer provided dependent care benefits | | Provider's SSN or Employer ID# | Payments MUST Be Allocated By Child/Dependent | | |
|---|------------------------|--|---|---------------------|---------------------|
| Paid To | Address & Phone Number | MANDATORY unless it is an exempt organization. Check circle if exempt. | Child/Depnd.'s Name | Child/Depnd.'s Name | Child/Depnd.'s Name |
| | | <input type="radio"/> | | | |
| | | <input type="radio"/> | | | |
| | | <input type="radio"/> | | | |

HEALTH CARE, RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS

D1 – HEALTH INSURANCE COVERAGE

IRS requires that you report, on your tax return, certain information related to your health care coverage

- ☐ ☒ If you had health care coverage with a government Marketplace (Exchange) during 2015. If so provide the Form 1095-A issued by the Marketplace. In some family situations you may have more than one 1095-A.
- ☐ ☒ If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, you will also need a copy of that taxpayer's 1095-A.
- ☐ ☒ If a dependent filed a return for 2015. Provide a copy of the return.
- ☐ ☒ If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.
- ☐ ☒ And complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month of 2015.

Check boxes for months NOT insured.

| Name | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- ☐ ☒ If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.

D2 – HOME SALE

If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D5.

Address of Home Sold _____

Date Purchased _____ / _____ / _____

Purchase Price (including purchase escrow costs) _____

- ☒ If you deferred gain from a home sale made prior to 5/7/1997. If so, please provide the Form 2119 for the year of sale. ☐

Improvements to Home Sold (not maintenance) _____

Date of Sale _____

(Please bring final closing escrow statement. This document will have the information needed for these entries.)

Sales Price _____

Sales Expenses _____

- ☒ If you owned and used the home as your primary residence for two of the prior five years (counting back from the sale date) ☐

- ☒ If your spouse (if married) owned and used the home as his/her primary residence for two of the prior five years ☐

If owned and used less than two years, give reason for sale: _____

- ☒ If the home was ever used for business (such as a rental, home office or day care center) ☐

- ☒ If any of the business use in the prior question was before 5/7/97 ☐

- ☒ If the home was acquired by tax-deferred (Sec 1031) exchange after 10/22/04 ☐

- ☒ If you (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence ☐

- ☒ If the home was inherited (including from a deceased spouse) ☐

- ☒ If the home was not used as your primary residence for any period after 2010 ☐

- ☒ If you previously claimed the new or long time resident homeowner credit ☐

D3 – HOME ENERGY CREDITS

Enter only items certified by the manufacturer to meet Government energy standards.

- ☐ ☒ If you installed any of the following that meet Government energy standards: solar electric generation, solar water heating, fuel cell, wind energy or geothermal heat systems for any residence of yours located within the U.S.
- ☐ ☒ If primary residence. Provide description of energy property and cost. _____

D4 – MOVING DEDUCTIONS

To qualify for a moving expenses deduction, the distance to the new job from the old home must be at least 50 miles farther than to the old job from the old home.

- ☐ ☒ If employer reimbursed any amount of moving expense or home sale assistance and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)

| | | |
|---|--|-----------------------------------|
| A - Miles from Old Residence to New Job | | miles |
| B - Miles from Old Residence to Old Job | | miles |
| A minus B – if less than 50 miles, stop: no deduction allowed | | miles |
| Commercial Mover | | Temporary Storage (up to 30 days) |
| Truck Rental | | Lodging en route (no meals) |
| Trailer Rental | | Highway Tolls |
| Rental Fuel Costs | | Airfare |
| # of owned vehicles driven to new home | | Auto Travel |
| Boxes/Tape/Supplies | | Other: |

D5 – DEBT RELIEF & FORECLOSURE

If you had debt totally or partially forgiven, you may be required to report debt relief income. This includes real estate mortgages, credit card debt, vehicle loans, etc. Debts discharged in bankruptcy are not included. Please call the office in advance to discuss what additional documentation may be required.

- ☐ ☒ If you had any amount of credit card debt forgiven and provide a copy of the 1099-C you received from the financial institution

- ☐ ☒ If you abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D2 home sale information)

- ☐ ☒ If your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D2 home sale information)

D6 – QUESTIONS YOU MAY HAVE

D7 - SIGNATURE

To the best of my knowledge, all the information contained within this document is true, correct and complete.

Filer's Signature _____

Date _____

Spouse's Signature _____

Date _____