

# New Client Tax Organizer

Tax Year 2015



**Pettys Tax  
& Accounting Inc.**  
8406 PC B Pkwy Ste A  
PC Bch, FL 32407  
850-230-6291

**Name:**  
Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

**Address:** \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Check One:**  Single  Married Filing Joint  Surviving Widow/Widower  
 Married Filing Separately (enter spouse's name/SS No. Above)  Unmarried Head of Household

Dependents Name	Birthdate	Social Security Number*	Relationship	No. of Months lived in your home in 2015

**\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.**

Members of your family attending college may make you eligible for a Hope Scholarship Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students \_\_\_\_\_

**Taxpayer:**  65 or over  Blind/Disabled **Spouse:**  65 or over  Blind/Disabled

**All questions below pertain to the year 2015.**

**THESE QUESTIONS MUST BE ANSWERED AND ARE MANDATORY FOR US TO PROVIDE YOU WITH A PROPERLY FILED TAX RETURN:**

**YES NO**

- Did you and your dependents have health insurance coverage for the entire year of 2015? If No, Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If yes, please attach. Did you receive an exemption letter and code? Please provide a copy of exemption letter or you will have a penalty incurred on your tax return.
- If you had coverage for less than the full year, please describe which months you had coverage. \_\_\_\_\_
- If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount: \$ \_\_\_\_\_ The checklist below could lead to helpful deductions. Please answer and provide supporting information.
- If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ \_\_\_\_\_
- Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds (pls provide 1099R)  
Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_
- If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount: \$ \_\_\_\_\_  
Were any funds withheld?  Yes  No Amount: \$ \_\_\_\_\_  
Were the withdrawn funds used to pay medical expenses?  Yes  No
- Did you pay alimony? If yes, paid to: \_\_\_\_\_  
SS no.: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

- Did you receive alimony, if so how much? \$ \_\_\_\_\_
- Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.
- Did you purchase an alternative fuel motor vehicle?
- Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?
- Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?
- Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?

**Estimated Tax Payments**

	1 <sup>st</sup> Quarter		2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter		4 <sup>th</sup> Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

**Wage Income**

Employer's Name	T or S	Wages	Federal W/H		FICA		Medicare		State W/H		City W/H	

**Retirement Benefits Received** (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

**Interest Income** (Enclose all 1099-INT Forms)

Payer	T or S	Amount	Seller Financed Mortgage		Early Withdrawal Penalty		Tax Exempt (Y or N)	

Total Municipal Bond Interest Earned in 2015: \$ \_\_\_\_\_

For seller financed mortgage: Buyer's name, Social Security number and addresses: \_\_\_\_\_

**Dividend Income** (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount	Qualified Dividends		Capital Gain Dist.		Non-Taxable	

Do you have funds in a foreign account?  Yes  No  
 Did you have any stock sales in 2015? If yes, submit all 1099B forms.  Yes  No  
 Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_  
 Buyer's name: \_\_\_\_\_ SS # \_\_\_\_\_ Address: \_\_\_\_\_

**Other Benefits/Income Received** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

	Social Security	Unemployment	Alimony	State Refund	Other
Taxpayer					
Spouse					

**Capital Assets Sold** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired	Date Sold	Sale Price	Depreciation Taken (if applicable)	Cost or Basis

\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

**Rental Income** (Attach 1099 Forms)

Property Description														
Gross Income														
Expenses														
Advertising														
Auto & Travel														
Cleaning & Maintenance														
Commissions														
Insurance														
Professional Fees														
Mortgage Interest														
Other Interest														
Repairs														
Supplies														
Taxes														
Utilities														
Wages/Schedule														
% Occupancy by Taxpayer														

**Depreciable Asset Additions**

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	Trade-In (if any)

**Energy Improvements to Personal Residence**

	Description	Date Purchased	Cost

**Business Income** (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_  
 Federal ID No. \_\_\_\_\_  
 Principal Business Activity \_\_\_\_\_  
 Principal Product \_\_\_\_\_  
 Method Used to Value Inventory \_\_\_\_\_  
 Accounting Method:  Cash  Accrual

Gross Income	Amount
Gross Income.....	_____
Less Returns/Allowances.....	_____
<b>Cost of Sales</b>	
Beginning Inventory.....	_____
Purchases.....	_____
Cost of Labor.....	_____
Materials and Supplies.....	_____
Freight In.....	_____
Other.....	_____
Ending Inventory.....	_____

**Deductions**

Advertising.....	_____
Auto-Truck Expense.....	_____
Bad Debts.....	_____
Collection Expense.....	_____
Commissions.....	_____
Professional Dues & Subscriptions..	_____
Employee Benefit Program.....	_____
Freight & Express.....	_____
Utilities.....	_____
Insurance.....	_____
Interest—Mortgage.....	_____
Interest—Other.....	_____
Janitorial & Cleaning.....	_____
Laundry.....	_____
Legal & Accounting Fees.....	_____
Office Expense.....	_____
Postage.....	_____
Rent.....	_____
Repairs.....	_____
Salaries.....	_____
Supplies.....	_____
Telephone.....	_____
Travel.....	_____
Total Meals & Entertainment.....	_____
_____	_____
_____	_____

**Farm Income** (Attach 1099 Forms)

Farm Name \_\_\_\_\_  
 Principal Activity \_\_\_\_\_  
 Accounting Method:  Cash  Accrual

**Income**

Sales of Items Bought for Resale..... \_\_\_\_\_  
 Cost of Items Bought for Resale..... \_\_\_\_\_

**Sales of Livestock & Produce Raised Except for Breeding Stock**

Feeders & Calves.....	_____
Pigs & Sheep.....	_____
Poultry & Eggs.....	_____
Dairy Products.....	_____
Corn, Peas, etc.....	_____
Wheat, Oats, Hay & Straw.....	_____
Fruit.....	_____
Patronage Dividends.....	_____
Agricultural Program Payments.....	_____
Commodity Credit Loans Neglected...	_____
CCC Loans: Forfeited.....	_____
Repaid with Certificates.....	_____
Crop Insurance Proceeds.....	_____
Federal Gasoline Tax Credit.....	_____
Other.....	_____

**Deductions**

Breeding Fees.....	_____
Chemicals.....	_____
Conservation Expenses.....	_____
Custom Hire (Machine Work).....	_____
Employee Benefits Programs.....	_____
Feed Purchased.....	_____
Fertilizers & Lime.....	_____
Freight & Trucking.....	_____
Gasoline, Fuel, Oil.....	_____
Insurance.....	_____
Interest—Mortgage.....	_____
Interest—Other.....	_____
Labor Hired.....	_____
Pension & Profit Sharing Plans.....	_____
Rent of Farm, Pasture.....	_____
Repairs, Maintenance.....	_____
Seeds, Plants Purchased.....	_____
Storage, Warehousing.....	_____
Supplies Purchased.....	_____
Taxes.....	_____
Utilities.....	_____
Veterinary Fees, Medicine.....	_____
_____	_____
_____	_____

Did you have business start-up costs in 2015?  Yes  No

If so, was the business running by the end of 2015?  Yes  No

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2015? Provide all copies of K-1.

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.  
 Nature of Business Activity Performed in Home: \_\_\_\_\_  
 Was Another Office Available to You Outside the Home?  Yes  No

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

**Retirement Contributions for 2015** Do you want to make any nondeductible IRA contributions?  Yes  No

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

**Personal Itemized Deductions**

Medical	Amount
Prescription Drugs.....	_____
Medical Insurance Premiums.....	_____
Long Term Care Ins. Premiums.....	_____
Medicare Premiums.....	_____
Doctors/Dentists.....	_____
Clinic/Lab Tests.....	_____
Hospitals.....	_____
Eyeglasses/Hearing Aids.....	_____
Orthopedic Shoes/Braces.....	_____
Medical Long Distance Phone.....	_____
Other _____	_____
_____ Miles.....	_____
Fares: Taxi, Bus, etc.....	_____
Do you have a medical savings acct.?	_____

Other Than Cash Contributions..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Miles for Charity .....

\*Contributions of \$250 or more require written substantiation from the organizations.

**Miscellaneous Deductions Subject to 2% AGI**

Unreimbursed Employee Business Expense	_____
Union & Professional Dues.....	_____
Safe Deposit Box Rental.....	_____
Tax Return Preparation Fee.....	_____
Business Publications.....	_____
Business Telephone Calls.....	_____
Tools, Supplies, Equipment.....	_____
Employment-Related Education.....	_____
Investment Expenses.....	_____
Other _____	_____

**Miscellaneous Deductions Not Subject to 2% AGI**

Gambling Losses (limited to winnings)..	_____
_____	_____

**Interest**

Deductible Home Mortgage Interest Paid to Financial Institutions.....	_____
Home Equity Interest.....	_____
Deductible Home Mortgage Interest Paid to Individuals:*	_____
Name Address:*	_____
Social Security No.:*	_____
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	_____
Investment Interest (list).....	_____
_____	_____
_____	_____

**Taxes**

Real Estate.....	_____
Personal Property.....	_____
State & Local Income Tax.....	_____
State & Local General Sales Tax.*.....	_____
_____	_____

\*Not yet extended

**Charitable Contributions**

Cash Contributions*.....	_____
_____	_____
_____	_____
_____	_____

**Employee Business Expense**

<b>Travel Expense</b>	<b>Amount</b>	
Air Fares.....		
Auto Rentals.....		
Entertainment.....		
Garage.....		
Hotel/Motel.....		
Meals.....		
Parking.....		
Postage.....		

	<b>Amount</b>	
Road Tolls.....		
Taxi, Subway.....		
Telephone, Telegraph.....		
Tips.....		
Other.....		
.....		
.....		
.....		

<b>Total Miles Driven</b>	<b>Car 1</b>	<b>Car 2</b>
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

<b>Actual Automobile Expenses</b>	<b>Car 1</b>	<b>Car 2</b>
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

- Note if your vehicle was written off as an expense you MUST use actual expenses. If not you may use mileage (however it must be consistent throughout the lifetime of the vehicle).

**Child Care Deductions** (Number of Dependents Qualifying: \_\_\_\_\_)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits?  Yes  No Amount: \$ \_\_\_\_\_

**Sale of Personal Residence** (Attach copy of closing/settlement statement)

Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Household Employee Information**

Household Employer EIN: \_\_\_\_\_

Did you pay any one household employee \$1,900 or more in 2015?  Yes  No

Did you withhold Federal income tax during 2015 at the request of any household employee?  Yes  No

Did you pay total cash wages of \$1,000 in any calendar quarter of 2015 to household employees?  Yes  No

Was the employee under age 18?  Yes  No Student?  Yes  No

Do you have a Form I-9 on file for your household employee?  Yes  No

Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

**Moving Expenses**

Enter No. of miles from your old home to your *new* workplace \_\_\_\_\_.

Enter No. of miles from your old home to your *old* workplace \_\_\_\_\_.

Date of Move \_\_\_\_\_ Arrival at New Location \_\_\_\_\_

	Amount		Amount
Cost to Ship and Pack Household Goods... _____		Reimbursements (on W-2)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Cost to Travel to New Home..... _____		Other: _____	_____
Cost of Lodging during Move..... _____		_____	_____