

**The Strebel Planning Group**  
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**New Jersey: 3 Gold Mine Road, Suite 101, Flanders N.J. 07836 (917) 952-6474**  
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**2015 TAX GUIDE AND ORGANIZER**

Use this organizer to assist you in compiling your income tax data for preparation of your income tax return. This information will assure that all income, credits and allowable deductions are accounted for and assist us in keeping your fee as low as possible. Please provide all supporting documentation requested.

**TAXPAYER INFORMATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Blind? Y N

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Would you like to receive your copy of the returns to this e-mail address?

**SPOUSE INFORMATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Blind? Y N

Home Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Would you like to receive your copy of the returns to this e-mail address?

If married but filing separately, list name of spouse \_\_\_\_\_ and SS# \_\_\_\_\_

If filing Head of Household and qualifying person is your child but not your dependent listed below, enter your child's name here \_\_\_\_\_

Did your name, address, or marital status change during the year? Yes No

Are you being claimed as a dependent on another tax return? Yes No

Did you carry forward or incur any adoption expenses during the year? Yes No

**DEPENDENT INFORMATION**

\* Place an asterisk by any dependent attending college or post-secondary school.

Full Name	Date of Birth	Social Security #	Relationship	# of Months In Home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Health Insurance**

Do you or your dependents have health insurance?

If you only had health insurance for part of the year, which months did each person have coverage? \_\_\_\_\_

Did you receive any premium health insurance credits through a government exchange during the year? N

If yes: A. Please provide Form 1095-A showing the amount of the premium credit you received.

B. Did any of your dependents file or will they file a tax return for 2015?

**WAGES** - Please provide all W-2s

# of W-2s provided by Taxpayer \_\_\_\_\_ by Spouse \_\_\_\_\_

Are there any W-2s missing or inaccurate? \_\_\_\_\_  
 Explain \_\_\_\_\_

**MISCELLANEOUS INCOME** - Please provide all 1099s and W-2s

	T S J *	Amount
Alimony Received (not child support) If you pay alimony - list on page 7	_____	_____
Jury Duty (or other public service)	_____	_____
Tips, Gratuities (not reported on W-2)	_____	_____
Prizes, Awards, Gambling Winnings	_____	_____
Commissions, Bonuses (not reported on W-2)	_____	_____
Pensions, Annuities	_____	_____
IRA / Keogh / 401k Withdrawals	_____	_____
Retirement Plan Distributions rolled over	_____	_____
Unemployment Compensation	_____	_____
Forgiven Debt	_____	_____
Disability Income	_____	_____
Social Security (attach SSA-1099)	T	_____
Social Security (attach SSA-1099)	S	_____

The following are generally non-taxable, but may be required to justify deductions, etc.

Cash Gifts, Inheritance	_____	_____
Insurance or Court Settlements	_____	_____
Child Support	_____	_____
Veteran's Benefits	_____	_____
Worker's Compensation	_____	_____

Partnerships, Estates, Trusts (please provide all K-1s)  
 Sub Chapter S Corporations (please provide all K-1s)  
 Self-Employed Business (see page 8)  
 Rental Income (see page 9)

**STATE INFORMATION**

State of Residence \_\_\_\_\_ County of Residence \_\_\_\_\_ School District Name \_\_\_\_\_

**FEDERAL, STATE AND LOCAL INCOME TAXES PAID** (not including withholding from W-2's)

	Due	Federal		State		Local	
		Date paid	Amount	Date paid	Amount	Date paid	Amount
1st qtr.	(4/15/15)	_____	_____	_____	_____	_____	_____
2nd qtr.	(6/16/15)	_____	_____	_____	_____	_____	_____
3rd qtr.	(9/15/15)	_____	_____	_____	_____	_____	_____
4th qtr.	(1/15/16)	_____	_____	_____	_____	_____	_____
Other		_____	_____	_____	_____	_____	_____

\* T - taxpayer, S - spouse, J - joint

**DIVIDEND / INTEREST INCOME** - Be sure to list both Taxable and Tax Exempt income (provide statements)

Source	T	S	J	Interest	Dividends	Statement Provided?
Penalty for early withdrawal of savings				(		)

**CAPITAL GAINS AND LOSSES** - Sale of property / real estate / stocks / bonds

Description	Date Acquired	Date Sold	Selling Price	Original Cost or Basis

All sales of securities and property must be reported even if there is no profit or loss. For each sale please provide statements for both, the original purchase and sale, as well as, form 1099-B and/or 1099-S from broker or agent. Installment Sales - For all current year installment sales, please provide copy of contract and/or closing statement.

**SALE OF PERSONAL RESIDENCE** - Please provide copy of real estate closing papers and Form 1099-S

Date old residence acquired \_\_\_\_\_ Cost or basis \_\_\_\_\_  
 Improvements (additions, landscaping, new roof, etc.) \_\_\_\_\_  
 Fixing-up expenses (painting, repairs, etc., to prepare for sale) \_\_\_\_\_  
 Date old residence sold \_\_\_\_\_ Selling Price \_\_\_\_\_  
 Expenses of sale (commissions, legal fees, etc.) \_\_\_\_\_

Was any part of residence rented or used for business?  
 Was it your principal residence for 2 of the last 5 years?  
 Was the sale of the residence required due to a job transfer, medical or  
 unforeseen circumstance?  
 Have you deferred a gain from the sale of a personal residence into the home  
 sold?

If so, please provide Form 2119 from tax return for year prior home sold.

**NEW RESIDENCE**

Date new residence acquired \_\_\_\_\_ Cost of new residence \_\_\_\_\_

**IRA / KEOGH / SEP RETIREMENT CONTRIBUTIONS**

If you want the maximum, write MAX in the appropriate space. We will calculate your contribution limits for you. A maximum \$5,500 (plus \$1,000 if age 50 or over) contribution to an IRA is permitted even if not deductible.

Are you covered by a qualified retirement plan at work?	Taxpayer	Spouse
2015 Traditional IRA contribution (Deductible)	_____	_____
2015 Roth IRA contribution (Nondeductible)	_____	_____
2015 Keogh / Sep contributions	_____	_____
Have you made your 2015 IRA / Keogh / Sep contribution yet?	_____	_____
If not, do you plan on making a 2015 contribution in 2016?		
Total value of <u>all</u> your IRA's as of 12/31/15	_____	_____
Do you need advice on choosing your retirement investment?		

**CHILD AND DEPENDENT CARE**

A credit for child and dependent care expenses is available for qualified taxpayers who incur expenses for the care of dependents who are under age 13 or handicapped. You must be gainfully employed or a full-time student.

Number of qualifying persons cared for in 2015 \_\_\_\_\_

Care Provider's Name	Address	Identifying Number (SSN) or (EIN)	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Child Care Paid During 2015 \_\_\_\_\_

**ITEMIZED DEDUCTIONS**

**Medical Expenses:**

Only unreimbursed medical expenses that exceed 10% of adjusted gross income are allowed, (7.5% if age 65 or older).

Doctor and dental fees	_____	Nursing home, nursing care	_____
Prescribed drugs and medicine	_____	Medical equipment and supplies	_____
Hospital, medical and dental insurance premiums paid by you (after tax)	_____	Physical therapy	_____
Long term care insurance premiums	T _____	Ambulance	_____
	S _____	Lab and x-ray fees	_____
HSA - Contributions	_____	Glasses, hearing aids, batteries	_____
Distributions	_____	Parking fees, taxi, bus	_____
Lodging while away from home (\$50 per day per person maximum)	_____	Smoking Cessation Program	_____
Total number of miles driven for medical reasons	_____		
Above amounts reimbursed by insurance	_____		

Comments: \_\_\_\_\_

**Taxes Paid:**

Real estate - primary residence (include whether itemizing or not)	_____
Real estate - other (not including rental property)	_____
State and local income taxes paid in 2015 (other than on Page 2)	_____
Personal Property Tax (if any)	_____
State Sales tax paid on vehicles and boats	_____

**Interest Paid:**

	Primary Residence	Second Residence
Mortgage interest - 1st mortgage (1098)	_____	_____
Mortgage interest - 2nd mortgage (1098)	_____	_____
Home equity loan (1098)	_____	_____
Points (1098)	_____	_____
Interest paid to an individual	_____	_____

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Mortgage insurance premiums paid (new policies issued after 2006)	_____
Investment Interest (Interest paid for investments, such as land, stocks, etc.)	_____

Paid to	Reason for loan	Amount
_____	_____	_____
_____	_____	_____

Interest you or your spouse paid on Student Loans \_\_\_\_\_

**Charitable Contributions:**

Do not include political or legislative action contributions, raffle or lottery tickets, or amounts paid for bingo or similar games.

Deductions for all charitable contributions have to be substantiated in writing by the charity. You must obtain the substantiation by the time you file your tax return or, if earlier, the due date of your return.

A cancelled check is not considered sufficient substantiation.

For donations exceeding \$249, the written acknowledgement must state whether any goods or services were provided.

Total Cash Contributions (Church, Red Cross, United Way, Payroll Deduction, etc.) \_\_\_\_\_

Total Non-Cash Contributions (Clothing, Furniture, Food, etc.) \_\_\_\_\_

If above non-cash donations have a total value of \$500 or more, please provide a detailed list of items. The list must include: cost, fair market value, date acquired, date contributed, and name and address of organization. Donated clothing and household items must be in good condition. Items valued over \$5,000 require an appraisal.

**Expenses as a Volunteer**

Miles	_____	Travel: Meals	_____
Parking, tolls	_____	Lodging	_____
Phone	_____	Transportation	_____
Supplies	_____	Miscellaneous	_____
Uniforms	_____	Other:	_____

**Casualty and Theft Losses:**

Generally, the total amount of all the losses are deductible only to the extent they exceed 10% of adjusted gross income. If more than one loss, provide similar detail for each.

Kind of property or item _____	Date acquired _____	Date of loss _____
Fair market value before loss _____	Cost or basis _____	
Fair market value after loss _____	Insurance reimbursement _____	
Describe how or what happened _____		
_____		
_____		

**Moving Expenses:**

Must be business related and new job location must be 50 miles further from old home than old job location.

Miles from old home to old job \_\_\_\_\_ Miles from old home to new job \_\_\_\_\_

Date hired for new job \_\_\_\_\_ Date of move \_\_\_\_\_

Qualifying moving expenses that aren't employer-paid may be deducted as an "above-the-line" deduction, thus lowering your AGI. If you move due to a job change, you may deduct the reasonable costs of (1) moving household goods and personal effects from the old to the new residence and (2) traveling (including lodging, but not meals) from the old residence to the new residence.

Actual Move	Auto travel (miles)	_____
	Transportation other than auto	_____
	Lodging during move	_____
	Cost to pack and ship household goods	_____

Amount reimbursed by employer \_\_\_\_\_ Included in Form W-2?

**Miscellaneous Deductions:**

List only those expenses related to your employment. For self-employed business expenses see page 8.

All automobile expenses should be listed under the Business Mileage section on Page 10. Do not enter expenses listed elsewhere in this organizer.

	Taxpayer	Spouse
Attorney fees (to protect taxable income)	_____	_____
Business gifts	_____	_____
Dues: union and professional	_____	_____
Employment related education and seminars		
Tuition and fees	_____	_____
Books and supplies	_____	_____
Travel (other than auto)	_____	_____
Meals and entertainment	_____	_____
Gambling losses (limited to winnings)	_____	_____
Business insurance (malpractice, E & O, etc.)	_____	_____
Job seeking expenses in same field		
Employment and resume fees	_____	_____
Other: _____	_____	_____
Licenses and fees	_____	_____
Publications, books, etc., used in business	_____	_____
Telephone (itemized business calls only)	_____	_____
Tools, supplies, equipment	_____	_____
Uniforms - purchase and cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

**Investment related expenses:**

IRA and Keogh fees paid by you	_____	_____
Investment counsel fees	_____	_____
Publications and journals	_____	_____
Safe deposit box	_____	_____
Tax preparation fees	_____	_____
Travel (other than auto)	_____	_____
Telephone (itemized investment use)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

**Alimony Paid**

Recipient's SSN \_\_\_\_\_

**OFFICE IN THE HOME EXPENSE**

If you own your home and this is your first year for home office expenses, please provide information to determine the adjusted basis of your home. (closing statements, capital improvements, etc.)

Date acquired home _____	Cost of home not including land _____
Cost of land _____	Cost of improvements thru 2014 _____
Total square footage of entire living area _____	Rent _____
Total square footage of office space & storage _____	Utilities _____
	Homeowners Insurance _____
	Home Repair & Maintenance _____
Capital improvements made in 2015 _____	Other _____

**Day care providers** - If the use of part of your home as a day care facility is regular, but not exclusive, please provide the number of days during the year the rooms were used and the amount of time spent daily in each room.

Number of days used: \_\_\_\_\_ Amount of time spent daily in each room: \_\_\_\_\_

**SELF EMPLOYED BUSINESS INCOME AND EXPENSES**

Please provide the following information for each separate business. Please feel free to copy this page or call our office to obtain additional copies.

All automobile information should be listed under the Business Mileage section on Page 10.

Name of proprietor \_\_\_\_\_ Business or activity \_\_\_\_\_  
 Business name \_\_\_\_\_ Product or service \_\_\_\_\_  
 Business address \_\_\_\_\_ Federal I.D. number \_\_\_\_\_

Do you use any part of your home for business? \_\_\_\_\_ (If yes, please complete Office in the Home section on page 7)

How many months in business during year? \_\_\_\_\_

Have you filed all required Forms 1099? \_\_\_\_\_

Gross receipts/sales (net of sales tax) \_\_\_\_\_

Returns and allowances \_\_\_\_\_

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

Beginning of year inventory \_\_\_\_\_

Purchases \_\_\_\_\_

Withdrawn for personal use \_\_\_\_\_

Cost of labor \_\_\_\_\_

Materials, supplies \_\_\_\_\_

End of year inventory \_\_\_\_\_

Advertising \_\_\_\_\_

Bad debts \_\_\_\_\_

Commissions paid \_\_\_\_\_

Employee benefit programs \_\_\_\_\_

Insurance (other than health) \_\_\_\_\_

Interest (other than mortgage) \_\_\_\_\_

Legal and professional fees \_\_\_\_\_

Office expense \_\_\_\_\_

Pension / profit sharing plans \_\_\_\_\_

Rent or lease:

Vehicles / equipment \_\_\_\_\_

Other business property \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Supplies (other) \_\_\_\_\_

Taxes:

Payroll (provide all reports) \_\_\_\_\_

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

Travel \_\_\_\_\_ See Page 11

Meals and entertainment (100%) \_\_\_\_\_

Utilities \_\_\_\_\_

Wages \_\_\_\_\_

Other expenses:

Bank charges \_\_\_\_\_

Dues and publications \_\_\_\_\_

Postage and freight \_\_\_\_\_

Laundry and cleaning \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

**If during the year you purchased or disposed of equipment, furniture, capital improvements, please list below.  
 (List vehicle information under Business Mileage section on Page 10)**

Description	Date Acquired	Cost	Date Disposed	Amount Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**RENTAL INCOME AND EXPENSES**

Please provide the following information for each separate rental property. Please feel free to copy this page or call our office to obtain additional copies.

All automobile information should be listed under the Business Mileage section on Page 10. List all travel expenses on Page 11.

Property description \_\_\_\_\_ Number of days used personally \_\_\_\_\_ Ownership percentage \_\_\_\_\_ %

Property address \_\_\_\_\_

Was the property purchased during the current year?

If yes, please provide closing statements.

Was the property disposed of during the current year?

If yes, please provide closing statements for both the purchase and sale of the property along with other documents needed to determine the adjusted tax basis.

Rents received \_\_\_\_\_  
Other income: \_\_\_\_\_

Supplies \_\_\_\_\_  
Real estate taxes \_\_\_\_\_  
Utilities \_\_\_\_\_  
Wages and salaries \_\_\_\_\_  
Other expenses:

Advertising \_\_\_\_\_  
Travel See Page 11  
Cleaning and maintenance \_\_\_\_\_  
Commissions \_\_\_\_\_  
Insurance \_\_\_\_\_  
Legal and professional fees \_\_\_\_\_  
Mortgage interest paid to banks, etc. \_\_\_\_\_  
Other interest \_\_\_\_\_

Bank charges \_\_\_\_\_  
Gardening and landscaping \_\_\_\_\_  
Dues and fees \_\_\_\_\_  
Licenses and permits \_\_\_\_\_  
Management fees \_\_\_\_\_  
Office expenses \_\_\_\_\_  
Pest control \_\_\_\_\_  
Telephone \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

Repairs:  
Carpentry, hardware \_\_\_\_\_  
Electrical \_\_\_\_\_  
Painting and decorating \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Appliances \_\_\_\_\_  
Miscellaneous \_\_\_\_\_

If during the year you purchased or disposed of equipment, furniture, appliances, capital improvements (carpets, fence, roof, driveway, etc.), please list below.

Description	Date Acquired or Completed	Cost	Date Disposed	Amount Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS MILEAGE**

This section must be completed for every vehicle that is used in business. A mileage log is the best means of supporting your vehicle use for business.

Vehicle description:	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Driver (taxpayer, spouse)	_____	_____	_____	_____
Date purchased / placed in service	_____	_____	_____	_____
Cost of vehicle	_____	_____	_____	_____
Total miles driven during year	_____	_____	_____	_____
Business miles driven during year:				
For your employer (not commuting)	_____	_____	_____	_____
To professional meetings	_____	_____	_____	_____
Between 1st and 2nd job	_____	_____	_____	_____
From job to school	_____	_____	_____	_____
Job seeking	_____	_____	_____	_____
For investment / tax preparation	_____	_____	_____	_____
Self employed business #1	_____	_____	_____	_____
Self employed business #2	_____	_____	_____	_____
Rental property activity #1	_____	_____	_____	_____
Rental property activity #2	_____	_____	_____	_____
Medical treatment	_____	_____	_____	_____
Charitable / volunteer work	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Average daily round trip commuting distance	_____	_____	_____	_____
Number of days vehicle was driven to work	_____	_____	_____	_____
If disposed, date of disposition	_____	_____	_____	_____

**ACTUAL AUTOMOBILE EXPENSES**

This section is not required if you are using the government's "standard mileage rate". However, this section must be completed if you are using the actual expense method, or if you ever depreciated your vehicle under the ACRS / MACRS method. If this is the first year of business use for your vehicle, please provide a copy of the purchase or lease contract. Amounts included in this section should not be included anywhere else in this organizer.

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Gasoline, oil, lubrication	_____	_____	_____	_____
Repairs and maintenance	_____	_____	_____	_____
Tires, batteries, etc.	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
License and taxes	_____	_____	_____	_____
Auto loan interest	_____	_____	_____	_____
Wash and wax	_____	_____	_____	_____
Lease payments	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AWAY FROM HOME TRAVEL EXPENSES**

Amounts included in this section should not be included anywhere else in this organizer.

	Self Employed Business Taxpayer	Spouse	Rental Property	Other	Other
Airfare, train, bus	_____	_____	_____	_____	_____
Auto rental, taxi, etc.	_____	_____	_____	_____	_____
Meals	_____	_____	_____	_____	_____
Lodging	_____	_____	_____	_____	_____
Laundry	_____	_____	_____	_____	_____
Tips	_____	_____	_____	_____	_____

**HIGHER EDUCATION EXPENSES**

**Note:** Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student enrolled at least half time in a qualified post-secondary institution.

\*Please provide 1098-T

	1 <sup>st</sup> Student	2 <sup>nd</sup> Student	3 <sup>rd</sup> Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)	_____	_____	_____
Tuition (Tuition paid during the year for at least half-time enrollment)			
Post-Secondary Years 1 thru 4	_____	_____	_____
Post-Secondary Years after Year 4	_____	_____	_____
Graduate School	_____	_____	_____
Other Expenses			
Tuition Fees	_____	_____	_____
Room and Board	_____	_____	_____
Books and Supplies	_____	_____	_____
Amount of any Grants, Scholarships or tax-free educational Funds	_____	_____	_____
2015 Contributions to NYS Savings Plans (529 Plans)	_____	_____	_____
2015 Distributions from NYS Savings Plans (529 Plans)	_____	_____	_____

**JOB RELATED EDUCATION**

(Enter amounts only if job/career-related and only for you and your spouse)

	Taxpayer	Spouse
Tuition	_____	_____
Room and Board	_____	_____
Books and Supplies	_____	_____
Travel	_____	_____

**MISCELLANEOUS INFORMATION**

1. Were you notified by the IRS or STATE of any changes to a prior year tax return in the past three years (Please provide copy of notices)?
2. Are any of your claimed dependents not residents or citizens of the U.S.?
3. Do you have any foreign income or a foreign bank account or any other foreign assets?
4. Do you have any worthless stocks or uncollectible bad debts or the victim of a Ponzi scheme?
5. Did you or your spouse receive any distribution from an IRA, Profit Sharing or Pension Plan?
6. Do you expect to start a new business this coming year?
7. Did you receive any reimbursement from a prior year casualty, theft loss or medical deduction?
8. Did you or your spouse receive any income not otherwise detailed in this organizer?
9. Do you have any children under age 19 (age 24 if a dependent student) with investment income of more than \$2,100?
10. If you (or your spouse) reached the age of 70½ do you have a plan for your mandatory retirement saving withdrawals?
11. Did you buy a qualified clean fuel vehicle or a hybrid car during the year? (If yes, provide details)
12. Do you anticipate a substantial change in your income, deductions, or withholding for next year?
13. Are you and your same sex partner considered legally married in any state?
14. Did you roll funds into a Roth IRA or re-characterize a Roth IRA in the past 2 years?

15. Do you wish to designate \$3.00 to the Presidential Campaign Fund?
  16. Does your spouse wish to designate \$3.00 to the Presidential Campaign Fund?
  17. Did you have a Medical or Health Savings Account during the year?
  18. Did you or your spouse receive employer provided educational assistance?
  19. Did you or your spouse pay long-term healthcare insurance premiums or receive benefits during the year?
  20. Are you a teacher (K-12) who paid for classroom materials without reimbursement? Please provide recap of expenses.
  21. Did you purchase any qualifying energy efficient equipment/home improvements for your principal residence or second home in 2015 (windows, doors, furnace, solar, wind power, geothermal heat pumps)? Please provide description and costs.
  22. Have you or your dependents taken a distribution from a qualified tuition program of an educational institution during the year?
  23. If over age 70½, did you make a direct contribution to a charity from an IRA?
  24. Did you have any out of state purchases on which state sales tax is owed?
  25. Did you pay anyone (over 18) \$1,900 or more as a household employee?
  26. Did you live or incur a loss in a presidentially declared disaster area?
- \* Please use the space below to comment on any of the above questions or on any other issue you wish.

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**FINAL REMINDERS CHECKLIST**

Please be sure you have included the following items with your organizer.

- |   |   |
|---|---|
| <input type="checkbox"/> All W-2 and W-2P forms for wages, salaries, and pensions.              | <input type="checkbox"/> Purchase and sales statements for stock sales.   |
| <input type="checkbox"/> All 1099 forms for interest and dividend income.                       | <input type="checkbox"/> Purchase and sales statements for real estate purchases and sales.   |
| <input type="checkbox"/> All 1099-R forms for pension and retirement income.                    | <input type="checkbox"/> All K-1 forms and instructions for partnerships, trusts, estates, S corporations, and joint ventures.                                |
| <input type="checkbox"/> All 1099-S and 1099-B forms for sales of securities and real property. | <input type="checkbox"/> Submit other supportive documents that may be requested or necessary to help justify or clarify a deduction, transaction, sale, etc. |
| <input type="checkbox"/> Social Security forms SSA-1099   | <input type="checkbox"/> Copy of prior year's tax return, if you are a new client.  |
| <input type="checkbox"/> Health Insurance 1095 Forms  |   |

**DIRECT DEPOSIT**

Please complete the section below and attach a void check if you would like your refund directly deposited into your bank account.

Bank Name \_\_\_\_\_ Name on Account \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Taxpayer Account # \_\_\_\_\_

Type of account:      Checking or      Savings

**To pay using a credit card, please complete the following:**

**Name on card:** \_\_\_\_\_ **Card number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Type of card:** \_\_\_\_\_ \* Billing will appear on your statement as "Strebel & Strebel, CPAs"

**Signature:** \_\_\_\_\_

**We provide income tax preparation and planning for individuals, partnerships, corporations, trusts and estates. Additionally, we provide a wide range of advisory services including:**

**Comprehensive Financial Planning  
Investment Strategies  
IRA Rollover Strategies  
Education Planning**

**Projections, Budgets, Goals  
Business Coaching  
Real Estate Investment Advice  
CFO Services**

**Estate Planning  
Sales Tax Reporting  
Payroll Tax Reporting  
Charitable Donation Strategies**