

2015 TAX ORGANIZER

Kolodziej Eisen & Fey LLC Certified Public Accountants

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PERSONAL INFORMATION - If any changes or new client

Name _____ Spouse's name _____
Occupation _____ Occupation _____
Address _____
Telephone # _____ Cell # _____ Work # _____
Date of Birth: Self _____ Spouse _____ E-Mail _____

Did you have Health Insurance (Y/N)? Self _____ Spouse _____ Dependents _____

Was insurance purchased through Exchange? _____ If insurance purchased through Exchange, you must provide Form 1095-A.

New for 2015, you may receive a Form 1095-B, 1095-C or Statement of health insurance. Provide any of these if received.

Table with columns: Dependents Name, Birth Date, Relationship, Social Security #, Grade, School Name/City, Tuition/Books *, Filing Return. Includes rows for dependent information and tuition amounts.

* To receive college credits, attach Form 1098-T which will be provided by the college/university.

* Illinois education credits are available for tuition and fees paid for kindergarten through high school.

DIRECT DEPOSIT my refund (yes or no) _____ I want my refund to be deposited in the same account as last year
If new account - Routing # _____ Account # _____
Bank name _____ Checking or Savings (circle one)

Balance due tax returns can be paid with direct debit from bank account. Let us know if you are interested in this option.

Sources of Income - Please provide copies of **all** W-2's and 1099's

*Please complete Supplemental Schedule for Rental or Self-Employment Income, if any you have any **rental income** or you receive any **1099-Misc** forms.*

Interest Income - From whom? Amount
Pensions & IRA Distributions - provide Form 1099R Amount
Social Security Income - provide Form SSA-1099
Self \$ _____ Spouse \$ _____

Dividend Income - From whom? Amount
Unemployment Income - provide Form 1099-G
Self \$ _____ Spouse \$ _____
Alimony Received \$ _____

Do you have a foreign bank or investment account? Y OR N (If yes, provide statement and include income above)

Sales of stocks & mutual fund redemptions - Attach copies of Form 1099-B'S

Table with columns: Security Name, # of Shares, Purchase Date, Sale Date, Proceeds, Cost/Basis. Includes rows for stock and mutual fund sales.

Traditional and Roth IRAs - 2015 Limit is \$5,500. If you are 50 or older, limit increases to \$6,500.

2015 Traditional IRA contributions **must** be made by 4/18/16. Self \$ _____ Spouse \$ _____

2015 Roth IRA Contributions **must** be made by 4/18/16. Self \$ _____ Spouse \$ _____

Are you covered by an employer sponsored plan? Yes/No Self _____ Spouse _____

Did you rollover an amount from an IRA? Self \$ _____ Spouse \$ _____ Attach Form 1099R

Did you convert an amount from a Roth IRA? Self \$ _____ Spouse \$ _____ Attach Form 1099R

TAXES, DEDUCTIONS & CREDITS

Estimated Tax Pmts Date Federal State
1st (due 4/15/15) \$ \$
2nd (due 6/15/15) \$ \$
3rd (due 9/15/15) \$ \$
4th (due 1/15/16) \$ \$

HSA contributions Self \$ Attach Form 5498-SA
Spouse \$ Attach Form 5498-SA
HSA distributions* Self \$ Attach Form 1099-SA
Spouse \$ Attach Form 1099-SA
*Were all HSA distributions used for medical purposes? Y or N

Alimony Paid \$ Recipient's Name SS#
Address

ITEMIZED DEDUCTIONS

Taxes Paid

Primary residence property taxes \$
Other property taxes paid \$
Sales tax vehicle purchases \$
Sales tax major purchases Desc \$

Interest Paid

Mortgage interest \$
Refinance points paid Loan years

Charitable Contributions - Cash

Name \$
Name \$
Name \$
Contributions over \$250 require a receipt

Job Related Expenses (not self-employment)

Continuing education expenses \$
Computer expenses \$
Travel-airfare & lodging \$
Meals & entertainment \$
Professional association dues \$
Job related safety equipment \$
Work uniforms/maintenance \$
Cost of tools used on job \$
Employer required daily meals \$
Business miles driven

Medical Expenses

Doctors & dentists \$
Prescriptions \$
Glasses, hearing aids etc \$
Medical miles driven
Medical insurance paid \$
If health insurance purchased on Exchange, you must provide Form 1095-A.
Long term care premiums Self \$
Spouse \$

Noncash Contributions

\$
(Description, fair market value, organization name and address must be provided for combined donations over \$500)
Miles driven for charity

Miscellaneous Deductions

Union dues paid (i.e. firehouse) \$
Safety deposit box \$
Income tax preparation \$
Investment expenses \$
Estate planning expenses \$
Employment agency/job search fees \$
Moving expenses due to job change \$
(Provide dates of employment and addresses)

MISCELLANEOUS CREDITS

Child Care Credit (paid for care of child under 13 which enables you to work) \$
Provider Name Complete Address SSN or FEIN

College Tuition paid for self or spouse \$ Year in school Provide Form 1098-T
If tuition is paid for a dependent, fill in the amount and year in school on the front page dependent section.

Student loan interest \$

Energy efficient improvements to your home \$ Describe

Other Miscellaneous Information

Did you sell your house in 2015? If yes, provide closing papers from sale, purchase date and cost of prior residence.

Other information -

SUPPLEMENTAL SCHEDULE FOR RENTAL OR SELF-EMPLOYMENT INCOME

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Complete this optional worksheet if you have Rental Income or Self-Employment Income

	Property 1	Property 2	Property 3
RENTAL PROPERTIES - address	_____	_____	_____
Rental Income	\$ _____	_____	_____
Expenses:			
Advertising	\$ _____	_____	_____
Auto & travel	\$ _____	_____	_____
Cleaning & maintenance	\$ _____	_____	_____
Commissions	\$ _____	_____	_____
Insurance	\$ _____	_____	_____
Interest	\$ _____	_____	_____
Legal & professional fees	\$ _____	_____	_____
Repairs	\$ _____	_____	_____
Supplies	\$ _____	_____	_____
Real estate tax	\$ _____	_____	_____
Utilities	\$ _____	_____	_____
Other (description) _____	\$ _____	_____	_____
Major repairs & purchases	\$ _____	_____	_____

(provide details on major purchases & repairs)

Were Form 1099's issued to any subcontractors? Y/N

PROFIT OR LOSS FROM BUSINESS (Non-employee compensation including amounts reported on Form 1099-Misc)

Description of Self-Employment - _____		
Total receipts	\$ _____	\$ _____
Costs of Good Sold (if applicable)		
Purchases	\$ _____	\$ _____
Value of ending inventory	\$ _____	\$ _____
Expenses -		
Advertising	\$ _____	\$ _____
Auto expenses	\$ _____	\$ _____
Business miles driven	_____	_____
Bank charges & fees	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Computer/internet	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Interest - mortgage/other	\$ _____	\$ _____
Uniforms/laundry and cleaning	\$ _____	\$ _____
Legal & professional fees	\$ _____	\$ _____
Office supplies & expenses	\$ _____	\$ _____
Outside services	\$ _____	\$ _____
Parking and tolls	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Rent or lease - vehicle or machinery	\$ _____	\$ _____
Rent - other business property	\$ _____	\$ _____
Repairs & maintenance	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Taxes and licenses	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Meals and entertainment	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone/cell phone	\$ _____	\$ _____
Other (description) _____	\$ _____	\$ _____
Major purchases	Desc. _____ \$ _____	Desc. _____ \$ _____
	Desc. _____ \$ _____	Desc. _____ \$ _____

(provide details on major purchases & repairs over \$500)

Were Form 1099's issued to any subcontractors? Y/N

Square footage of dedicated home office _____

Total square footage of home _____