



INCOME TAX GUIDE AND ORGANIZER

FOR:

Tax Year 2015

PROVIDED BY:

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This booklet is provided to assist you in compiling the necessary information to prepare your tax return accurately. Given the uncertain nature of tax laws this year, please include as much requested information as possible. This will help maximize your deductions in the event late tax law changes are adopted.

PERSONAL DATA

Taxpayer (or single)

Spouse

Name (Last, First, Initial)			Name (Last, First, Initial)		
SSN	DOB	Occupation	SSN	DOB	Occupation
Mailing Address <input type="checkbox"/> Check if address is new			Mailing Address <input type="checkbox"/> Check if address is new		
City, State & Zip		County	City, State & Zip		County
Phone:	H W C	Phone:	H W C	Phone:	H W C
E-Mail Address:			E-Mail Address:		

DEPENDENTS

Name (First, Initial and Last)	(D.O.B.)	X if not living with you	No. of mos. lived in your home*		
		Social Security No.	Relationship		

If more lines needed above, list two on a line. Social Security Numbers are required for all dependents. If married but filing separately, list name of spouse and Social Security Number at top of page. If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here

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

QUESTIONS: (Yes answers, please explain)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Did your name, address or marital status change during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you being claimed as a dependent on another tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you (or your spouse) blind or permanently disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If you claim children above that don't live with you, are they allowed as a result of pre-1985 agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you carry forward or incur any adoption expenses during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Remember, children's time away from home while attending school counts as time in your home.

INCOME TAXES PAID OR REFUNDED

If someone else prepared your tax return last year, please provide a copy.

	Federal	State	Local
Balance paid on last year's return (or prior years)			
Refunds received from last year's return (or prior years)			
ESTIMATED TAX PAID → <small>If not paid by due dates indicated, list actual dates paid. If state/local tax paid on different dates, attach details.</small>	1st Qtr. 4/15		
	2nd Qtr. 6/15		
	3rd Qtr. 9/15		
	4th Qtr. 1/15		

INCOME

WAGES/SALARIES/W-2 FORMS

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

Enclose all W-2 wage and tax statements.

MISCELLANEOUS INCOME (Show Losses in Brackets)

T S J	Source of Income	✓	Amount
	Alimony (Not Child Support) (If you pay Alimony - list on page 9)		
	Jury Duty (Or Other Public Service)		
	Tips/Gratuities (Not Reported on W-2)		
	Contest/Awards/Gambling Winnings (Attach 1099-MISC, W2G or Explain)		
	Commissions/Bonuses (Not Reported on W-2)		
	Pensions/Annuities (Furnish 1099-R Forms or Detail)		
	IRA/Keogh (Attach Form 1099-R)		
	Profit Sharing Distributions (Attach Form 1099-R)		
	Unemployment Compensation (Attach 1099-G Form)		
	Partnerships/Estates/Trusts (Furnish K-1 Forms or Details)	*	
	Small Business Corporations/Sub Chapter S (Furnish K-1 Forms)	*	
	Business/Self-Employed (Furnish Schedule or Details)	*	
	Farm (Furnish Schedule or Details)	*	
	Rental (Furnish Schedule or Details)	*	
	Forgiven Debt <input type="checkbox"/> Check if due to foreclosure		
	Other (Explain)		

* If you did not actively or materially participate in earning the income (or loss) listed **▲** this box

NON-TAXABLE INCOME (Important to list even if not taxable)

	Child Support/Payments/Assistance (Not Alimony)		
	Veterans Benefits/Disability Income		
	Workmen's Compensation/Loss of Time Payments		
	Other (Explain):		
	Other (Explain):		

SOCIAL SECURITY (Form SSA - 1099)

Code	SOCIAL SECURITY <small>(Form SSA - 1099)</small>	Benefits (from box 5)
T — Taxpayer	IMPORTANT: provide all SSA-1099 statements Note any Federal tax withheld	
S — Spouse		Taxpayer
J — Joint	Spouse	

Use these codes if married filing jointly

INTEREST INCOME					CODE
T S J	Name of Payer (always use payer name listed on the 1099)	✓	Interest Amount	Exempt	
Penalty for early withdrawal of savings		()			

List interest income reported on all 1099-INT and 1099-OID forms. Attach all 1099 forms reporting Tax Withheld. Do not list IRA or Retirement Plan reported interest unless withdrawn and not redeposited in another Retirement Plan within 60 days. if 1099 forms attached

Use These Codes below if from indicated sources
 MB MUNICIPAL BONDS
 IN INSTALLMENT SALES
 US U.S. BONDS
 TE TAX EXEMPT (explain)
 MF MORTGAGE FINANCED BY SELLER (list name, address & Social Security no.)

LIST CODE HERE ↑

DIVIDEND INCOME						
ATTACH ALL 1099 DIVIDEND FORMS						
T S J	Name of Payer (payer name from 1099)	Total Ordinary Dividends	Qualified Dividends	Capital Gains*	Non Taxable	✓

List Gross Dividends above as reported on 1099-DIV forms received. Dividends under \$10 do not require a 1099. if this 1099 DIV has information not listed above please check here

If in doubt about any amounts listed on 1099-DIV, attach the 1099 and any explanation mailed with it.

* Related to mutual funds.

CAPITAL GAINS AND LOSSES						
T S J	Stocks, Bonds and Mutual Funds (Attach Form 1099-B)	Sale of Property and Real Estate (Attach Form 1099-S)				
	Description	Date Acquired MO/DA/YR	Date Sold MO/DA/YR	Sale Price	Cost or Basis (Include Sale Expense)*	CODE
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

NOTE: Record ALL fund transactions including mutual funds.

Use These Codes below if from indicated sources
 A 1099-B Received; Box 3 basis (cost)
 B 1099-B Received; No Box 3 basis (cost)
 C No 1099-B Received; basis is my cost

LIST CODE HERE ↑

1. List line # if items sold on installment basis.*
 • Note interest above.
 • Principal Received: this year \$ _____ prior year \$ _____ # _____

2. If anything above was inherited and sold, list line number(s). # _____

3. If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

SALE OF PERSONAL RESIDENCE

Date Old Residence Acquired		Cost or Basis	
Improvements (Additions, Landscaping, Driveway, 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, Points, Stamps, etc.)			
1. Was any part of residence rented during the year?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Did you own and use the home as your principal residence for at least 2 of the last five years?	Taxpayer: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Was the sale of residence due to a job transfer, medical or unforeseen circumstance?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. 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.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Was the residence used as a home office?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Have you or spouse sold a principal residence within the last two years?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Has either spouse died in the past two years?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

NEW RESIDENCE

Date New Residence Acquired (Or Construction Began)	
Date You Occupied New Residence	Cost of New Residence
<ul style="list-style-type: none"> • If married, do you and your spouse have the same proportionate interest in the new residence as in the old? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
<i>Special Note: Capital Gains Tax laws allow exclusion of up to \$500,000 (joint), \$250,000 (Single/HH) of home sale gains.</i>	
<ul style="list-style-type: none"> • Did either you or your spouse have NO ownership interest in a principal residence in the past three years prior to this purchase? Yes <input type="checkbox"/> No <input type="checkbox"/> 	

Attach Copy of Real Estate Closing Papers for both the sale and purchase.

HIGHER EDUCATION EXPENSES

Note: Many 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 for each student enrolled in a qualified institution.

Note: "✓" If student is attending less than 1/2 Time	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)			
<i>Attach any 1098-Ts received</i>	Amount	Amount	Amount
Tuition (Tuition paid during year for at least half-time enrollment)			
Fees			
Books and Supplies (purchased from institution)			
Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)			
Room and Board			
Amount of any Grants, Scholarships or other tax free educational Funds received			

JOB RELATED EDUCATION

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

Room and Board			
Books and Supplies			
Seminar Fees			
Travel (# of Miles)			

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. **DO NOT DUPLICATE ANY ENTRY.**

MEDICAL Only un-reimbursed medical expenses that exceed 10% of adjusted gross income are allowed (7.5% if age 65 or older).

T/S	Drugs and Medicines	Amount			
	Prescriptions & Drugs (Doctor Prescribed Only)				
	Insulin				
T/S	Medical Insurance	Amount			
	Please specify if paid Pre Tax <input type="checkbox"/> After Tax <input type="checkbox"/> Unsure <input type="checkbox"/>				
	Insurance — Paid by You (✓ If Paid Through a Health Insurance Exchange <input type="checkbox"/>)				
	Group Health Plans (Deducted from Salary; provide final year pay stub)				
	Medicare Premiums				
	From Social Security Benefits				
	From Supplemental Insurance				
	Long-term Health Care Insurance				
	HSA, Other				
T/S	*Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
				Eye Glasses/Contact Lenses	
				Hearing Aids & Supplies	
				X-Ray/Lab Fees	
				Ambulance, Paramedics	
				Nurses (Board & Room)	
				Medical Aid Rental	
				Artificial Teeth	
				Equipment (Prescribed)	
				Nursing Home Medical Care	
				Medicare Part B Service Payments	
				Smoking Cessation Program	
				Parking / Transportation Fees	
	*Summary Total (Optional)				
	Lodging: While away from home (per day per person maximums apply)				
	Transportation: Total number of miles driven for medical reasons or actual cost				
	Above amounts reimbursed by insurance				
	Note any Health Insurance Premium Credits Received during the year.				
Comments or explanations:					
NOTE: Use T/S columns above and on page 9 under MISCELLANEOUS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.					

CONTRIBUTIONS

T/S	Church and Religious	If No Receipt	X	Amount
	Church (Name)			
	Church (Other)			
	Other Religious (Name)			

Other Charitable Organizations (*You must have a cancelled check, a bank record or receipt from donee for all cash contributions)

T/S	If No Receipt*	X	Amount	T/S	If No Receipt*	X	Amount
	Cancer				Heart Fund		
	Easter Seals				Christmas Seals		
	Red Cross				United Way		
	Scouts				YMCA/YWCA		
	Blind				Educational TV/Radio		
	Muscular Dystrophy						
	Arthritis Foundation						
	Veteran's Organization (Name)						
	Schools (Name & Describe)						
	Misc. Door-to-Door						
	Other:						

Summary Total Optional (See note below)

Note: A summary total for cash or check contributions may be used above. Political contributions are not deductible. If you received a gift for your donation listed above, reduce your donation by the value of the gift.

Non-Cash Contribution (List the Fair Market Value of non-cash items donated, such as clothing and other property).

Name of Organization	Items Donated	Date	Value

Note: If non-cash donations have a total value of \$500 or more, attach a detailed list of items donated, the name and address of donee organization, the purchase date, cost and the method used to arrive at fair market value (items over \$5,000 require appraisal). If you donated a vehicle, please attach your Charity's acknowledgement. If the Charity sells the vehicle, your deduction value is generally limited to the amount of the sale proceeds. Donated clothing and household items must be in good or better condition.

Volunteer Work — Mileage (Church, Hospitals, or Non-Profit Organizations or to drop off contributions)

Name of Organization	Activity Performed	Parking	Miles Driven

Meals, lodging and other expense, may also be allowed — list full details.

Comments or explanations:

MISCELLANEOUS DEDUCTIONS

ONLY THE TOTAL AMOUNT THAT EXCEEDS 2% OF ADJUSTED GROSS INCOME IS ALLOWED

T/S	Amount	T/S	Amount
	Tax Preparation Fees		Safe Deposit Box
	Union Dues		Professional Dues
	Subs. & Trade Journals		Tools/Shoes/Glasses
	Uniforms and Upkeep		Job Hunting Expenses (Detail)
	Second Job Mileage #		IRA/Keogh Fund Fees
	Telephone (Explain requirement)		
	Investment Exp.: (Describe)		
	Alimony Paid (Not subject to 2% limit)	Paid to: (Name)	SSN
	Gambling Losses (Not subject to 2% limit but limited to Gambling Winnings)		

See next page (10) for Auto and Employee Business Expenses.

CASUALTY/THEFT LOSSES

ONLY THE TOTAL NET RESULT THAT EXCEEDS 10% OF ADJUSTED GROSS INCOME IS ALLOWED

if loss is in Presidentially declared disaster area.

From Fire, Storm, Theft and Auto Damage — If more than one, provide similar detail for each.

Kind of Property or Item	Date Acquired	Cost or Basis	Insurance Paid
Describe How or What Happened:	Date of Loss	Fair Market Value — Before	
		Fair Market Value — After	

CHILD AND DEPENDENT CARE

(care expenses must be for child under 13 or individual physically or mentally incapacitated)

if you have employer provided dependent care benefits.

If required to be gainfully employed (or a full time student) "X" if service performed in your home (Nanny)

Name of Provider	Soc. Sec. or ID Number	Address	Paid
Federal ID number if required to file IRS wage reports.	#	Total Child Care Paid During Year	\$
		No. of Children Under Age 13	#

Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.

MOVING EXPENSE

Miles from old home to old job #	Miles from old home to new job #
Cost to pack & ship household goods and personal items	\$
Cost of travel and lodging from old to new residence (no meals)	\$
Other:	\$
Amount (if any) reimbursed by employer	\$

RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	Roth IRA	Keogh/SEP/SIMPLE
Single or Taxpayer	/ /			
Spouse	/ /			
If you want the maximum allowable deduction - write MAX in money column(s). You will be informed of amount to deposit.				
List total value of ALL IRAs on 12-31	Single or Taxpayer		Spouse	

EMPLOYEE BUSINESS EXPENSES

Vehicle Mileage Detail	Odometer Reading	Vehicle 1	Vehicle 2
<input type="checkbox"/> X if another vehicle is available for personal use.	A. End of Year	+	
Subtract B from A for (1), Total Miles Driven.	B. Beginning of Year	-	
List Business Mile (2), from driving log. Subtract 2 from 1 to get personal miles (3). Divide line 2 by line 1 for percent of business use.	1. Total Miles Driven	=	
	2. Business Miles		
	3. Personal Miles		
Number of round-trip miles from home to work? _____	4. Other Miles		
Number of days worked last year? _____	% Business Use (Line 2 ÷ Line 1) =	%	%

Vehicle Expenses (If both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)					
	Vehicle 1		Vehicle 2		
Gas & Oil					Licenses
Washing/Lube					Lease Payments
Repairs/Maint.					Other
Tires/Accessories					Other
Insurance					
	Date Placed in Service	Make	Year	Model	Cost or Basis
Vehicle 1	/ /				
Vehicle 2	/ /				

X if New This Year
Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.

Travel Expenses — Away from Home (Days Gone Overnight _____)					
(non-reimbursed)	Taxpayer		Spouse		
Transportation					Auto Rentals
Lodging					Cabs, Bus, etc.

Other Business Expense (If more lines needed continue on back page.)					
Postage/Cards					Commissions
Office Supplies					Other
Parking/Tolls					Other

Reimbursement for All Expenses Above — if not reported on W-2					

Meals & Entertainment (Must have supportive records and receipts)					
Meals & Tips					Tickets & Events
Entertainment					Gifts

Reimbursement for Meals & Entertainment only — if not reported on W-2

Did you purchase any business equipment during the year? Yes No

If yes, list on back cover: date bought, cost, description and trade-in details.

I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above.
(Please Sign)

HOME OFFICE

Type of Business	
If Justified for Business or Professional Use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>	
Date Acquired Home	Utilities
Cost of Land	Interest (mortgage, home equity loan)
Cost of Home	Taxes
Cost of Improvements	Insurance
Sq. footage of living area	Rubbish & Maintenance
Sq. ft. of office area (incl. inventory & sample storage)	Other:

