ORGANIZER Page 1 **Tax Organizer** US 2015 1040 **Tax Return Appointment** NOCO CPAS LLC 4025 Automation Way #D1 **FORT COLLINS, CO 80525** Date: Telephone number: (970) 226-4686 Time: 970-226-8532 Fax number: Location: leasa@nococpas.com E-mail address: This tax organizer will assist you in gathering information necessary for the preparation of your 2015 tax return. Please enter all pertinent 2015 information. NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement. NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement. **CLIENT INFORMATION** Taxpayer Spouse First name and initial Title/suffix..... Social security number... Occupation...... Date of birth (m/d/y) Date of death (m/d/y) 1=blind. Home phone Work phone Work extension...... Cell phone E-mail address In care of Street address.... Apartment number. . Address City..... ZIP code..... **DEPENDENTS** Dependent No. Dependent No. Last name...... Title/suffix..... Date of birth (m/d/y).... Date of death (m/d/y) . . . Social security number... Relationship...... Months lived at home Dependent No. Dependent No. First name Last name....... Title/suffix..... Date of birth (m/d/y)..... Date of death (m/d/y)

Social security number...
Relationship.....
Months lived at home....

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	GES, SALAR oyer name:	IES AND	11175	2015 Amount	2014 Amount
				Attach Forms W-2	
	EREST INCO	ME			
				Attach Forms 1099-INT	
	DEND INCO	ME			
				Attach Forms 1099-DIV	
Payer	name:	AND GAM	BLING INCOME	Attach Forms 1099-R & W-2G	
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15	1040	US	Tax Organizer		
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	Roth IRA	contributions	s (1=maximum)		
	Self-employ	ed, SEP, SIMPL	E, & qualified plan contributions (1=maximum)		
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	Roth IRA	contributions	s (1=maximum)		
	Self-employ	ed, SEP, SIMPL	E, & qualified plan contributions (1=maximum)		
ОТНЕ	ER GOVER	NMENT FO	ORMS - DEDUCTIONS		
Fo	rm 1098-E - S	Student Ioan	interest	Attach Forms 1098	
Fo	rm 1098-T - T	uition and re	elated expenses	Attach Forms 1030	
AFFC	ORDABLE (CARE ACT	г		
Fo	rm 1095-A - F	Health Insura	ance Marketplace Statement		
Fo	rm 1095-B - F	Health Covers	age	Attach Forms 1095	
			led Health Insurance Offer and Coverage		
ΔD II	JSTMENTS	TO INCO	MF		
Taxpay					
Se	lf-employed h	ealth insura	nce premiums		
Ed	ucator expens	ses			
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MEDI	CAL AND I	DENTAL E	EXPENSES	Ψ.	
Prescr	iption medicir	nes and drug	S		
Doctor	s, dentists an	d nurses			
Hospit	als and nursir	ng homes			
Insura	nce premiums	8			
Long-t	erm care prer	niums - taxp	payer		
Long-t	erm care prer	niums - spoi	use		
			portation expenses		
Other:					
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	S PAID	1/15	ont on 2014 state	T	
			ent on 2014 state estimate		
			2014 state extension		
			2014 state return		
State i	ncome taxes	 paid for pr 	ior years and/or to other states		

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TAXI	ES PAID (co	ontinued)		2015 Amount	2014 Amount
			ayment on 2014 city/local estimate		
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			ith 2014 city/local return		
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_ ~	•		luding automobile force in come states.	Attach Tax Notice	
			luding automobile fees in some states)	Allacii Tax Nolice	
	REST PAID				
Home	mortgage inte	rest and poi	ints paid:		1
<u> </u>				Attach Forms 1098	
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Home n	nortgage interest n	ot on Form 1098	8 (include name, SSN, & address of payee):		1
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Points	s not reported	on Form 109	98:		1
Mortga	age insurance	premiums o	n post 12/31/06 contracts		
Invest	tment interest	(interest on	margin accounts):		
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Passiv	ve interest				
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CAS	H CONTRIB	SUTIONS is allowed to	for cash or check contributions unless the o	lonor maintains a bank record, o	or a written communication
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Page 5 ORGANIZER **Miscellaneous Questions** 2015 1040 US If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. PERSONAL INFORMATION YES NO Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return for 2015? DEPENDENTS Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2015? Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000? **HEALTH CARE COVERAGE** Did you and your dependents have health care coverage for the full-year? Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2015? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven? Does anyone owe you money which has become uncollectible?

ORGANIZER Page 6 **Miscellaneous Questions (continued)** 2015 1040 US If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. RETIREMENT PLANS YES NO Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you transfer or rollover any amount from one retirement plan to another retirement plan? **EDUCATION** Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocátional school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work)? **ESTIMATED TAXES** Did you apply an overpayment of 2014 taxes to your 2015 estimated tax (instead of being refunded)? If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax (instead of being Do you expect your 2016 taxable income and withholdings to be different from 2015? MISCELLANEOUS Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? May the IRS discuss your tax return with your preparer? Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Page 7 ORGANIZER **Miscellaneous Questions (continued)** US 2015 1040 If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary. **MISCELLANEOUS (continued)** YES NO Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? Was your home rented out or used for business? Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? Did you incur moving expenses due to a change of employment? Did you engage the services of any household employees? Were you notified or audited by either the Internal Revenue Service or the State taxing agency? Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust? Did your bank account information change within the last twelve months?