



BRYSON
ACCOUNTING
& TAX SERVICE
LIMITED LIABILITY COMPANY

Individual Taxpayer Organizer

Year _____

Name of Taxpayer			SS#
First	M.I.	Last	Email
Occupation	Date of birth	Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	Zip
County/Parish	Home phone	Work or cell	

Name of Spouse			SS#
First	M.I.	Last	Email
Occupation	Date of birth	Are you new to our firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(Enter information below only if different from Taxpayer)

Address	City	State	Zip
County/Parish	Home phone	Work or cell	

If you moved during 2015, enter your previous address	Date of Move
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Filing Status: Single Married Filing Jointly Married Filing Separately Widow(er) Head of Household Unsure
 Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No
 Have you received any notice from the IRS or state revenue department within the past year? Yes No
 Same-sex married couples are required to file as Married Filing Jointly or Married Filing Separately for federal returns, regardless of where the married couple lives. Same-sex married couples may also want to file amended returns for prior tax years.

Names of Dependent Children

Child's full name	Social Security #	Date of birth	Months lived in home	Relationship to taxpayer	College student?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Did any of the children have income above \$1,050 for the year? Yes No Do any of the children have a disability? Yes No

Other dependents or people who lived with you

Name	Social Security #	Date of birth	Relationship	Income

Completed by (print name)

Signature

Date

Note: Some tax provisions expired in 2015. Ask your tax preparer for more information about the extension of various provisions.

Questions - All Taxpayers

"You" refers to both taxpayer and spouse — enter "?" if unsure about a question

LIFESTYLE & TAXES	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are either you or your spouse legally blind?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony?	Paid/Received \$	Recipient's SS#	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have health insurance for you, your spouse, and all dependents for the entire year?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through a public exchange? If so, you must provide a copy of 1095-A.			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any significant changes in income or deductions next year, such as retirement?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you paid alternative minimum tax (AMT) in previous years?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay anyone for domestic services in your home?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a new energy-efficient car, truck, or van?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the military?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a citizen of or live in a foreign country, or receive income from a foreign investment, bank account, or job?			
CHILDREN & EDUCATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children born or adopted?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children attending college?	Year in college	Paid by you \$ Paid by student \$	Student loan interest \$ Student loan interest \$
	Other expenses (add statement if needed)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for a private school for a dependent or take classes yourself?			
	Student		Amount paid \$		
	Name and address of school				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for child or dependent care so you could work or go to school? (add statement if needed)			
	Name of provider			EIN or SS#	
	Address			Amount paid \$	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children who earned more than \$2,100 of investment income?			
	INVESTMENTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you, or will you, contribute any money to an IRA/HSA/MSA?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you roll over any amounts from a retirement account?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you sell or transfer any stock or sell rental or investment property? If so, provide acquisition date and cost.			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you have any investments become worthless or were you a victim of investment theft?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you granted, or did you exercise, any employee stock options?			
DEDUCTIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay sales taxes on a major purchase, such as a vehicle, boat, or home?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any uninsured loss to your property?			
BUSINESS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work from a home office or use your car for business?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive income from an installment sale?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?			
HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase or sell a main home during the year? If yes, provide closing statement.			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan? (Provide closing statement)			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any new energy-efficient improvements to your home? If yes, provide details.			

State information Full-year resident Part-year resident Nonresident

States of residence and dates

Do you rent or own your home? Rent Own

If you are a new client, provide copies of your last 3 years' returns.

Completed by (print name)

Signature

Date

Estimated Tax Payments - Tax Year

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>	
First					<input type="checkbox"/> Not sure
Second					<input type="checkbox"/> Not sure
Third					<input type="checkbox"/> Not sure
Fourth					<input type="checkbox"/> Not sure
Amount applied from 2015 refund?					<input type="checkbox"/> Not sure
Total					<input type="checkbox"/> Not sure

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Tax Preparation Checklist

Please provide the following documentation:

- All forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.
- Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).
- If you are a new client, provide copies of last year's tax returns.
- The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions – All Taxpayers."
- Copy of the closing statement if you bought or sold real estate.
- Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.
- Detail of estimated tax payments made, if any.
- Income and deductions categorized on a separate sheet for business or rental activities.
- List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.
- Copy of all acknowledgment letters received from charitable organizations for contributions made.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Completed by (print name)

Signature

Date