

2015 Income Tax Organizer

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Part I – Your Personal Information

Your First Name	M.I.	Last Name	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Spouse's First Name	M.I.	Last Name	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Social Security Number		Your Spouse's Social Security Number			
Mailing Address		Apt #	City	State	Zip
	You	Your Spouse	Your email address		
Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	Your spouse's email address		
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please check the box above for your preferred method of contact for when I need to contact you while preparing your tax return.

Your Date of Birth	Your Job Title	Last year, were you: Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Full time student <input type="checkbox"/> Yes <input type="checkbox"/> No Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Spouse's Date of Birth	Your Spouse's Job Title	Last year, was your spouse: Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Full time student <input type="checkbox"/> Yes <input type="checkbox"/> No Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No

Can anyone claim you or your spouse as a dependent on their tax return? Yes No Unsure

Have you or your spouse: been a victim of identity theft? Yes No adopted a child? Yes No

Part II – Marital Status and Household Information

As of December 31, 2015, were you:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Did you live with your spouse during any part of the last six months of 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Divorced or Legally Separated Date of final decree or separate maintenance agreement _____	<input type="checkbox"/> Widowed Year of spouse's death _____
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List the names below of:

- **everyone** who lived with you last year (*other than you or your spouse*)
- **anyone** you supported but did not live with you last year

Name (first, middle, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc.)	Number of months lived in your home last year	US Citizen (Y/N)	Resident of US, Canada, or Mexico last year (Y/N)	Single or Married as of 12-31-15 (S/M)	Full-time student last year? (Y/N)	Totally and permanently disabled? (Y/N)	Can this person be claimed by someone else as a dependent on their return? (Y/N)	Did this person provide more than 50% of their own support? (Y/N)	Did this person have less than \$3,950 of income? (Y/N)	Did you provide more than 50% of support for this person? (Y/N)	Did you pay more than half the cost of maintaining a home for this person? (Y/N)
1													
				Social Security Number									
2													
				Social Security Number									
3													
				Social Security Number									
4													
				Social Security Number									

Yes No Unsure Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive

Please provide Form

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wages or Salary	Form W-2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tip Income	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scholarships	Forms W-2, 1098-T
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage	Forms 1099-INT, 1099-DIV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refund of state/local income taxes	Form 1099-G

Part III (continued) – Income – Last Year, Did You (or Your Spouse) Receive

Please provide Form

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alimony Income	Form 1099-MISC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment income	Form 1099-MISC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash/check payments for any work performed that was not reported on Forms W-2 or 1099	Form 1099-MISC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income (or loss) from the sale of Stocks, Bonds, or Real Estate (including your home)	Forms 1099-S, 1099-B
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability income (such as payments from insurance, or workers compensation)	Forms 1099-R, W-2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribution from Pensions, Annuities, and/or IRA?	Form 1099-R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment compensation	Form 1099-G
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security or Railroad Retirement Benefits	Forms SSA-1099, RRB-1099
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income (or loss) from Rental Property	Forms SSA-1099, RRB-1099
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other income (gambling, lottery, prizes, awards, jury duty, Sch K-1, etc.) Specify _____	Forms W-2G

Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alimony If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No	Form 1098-T, account stmts	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributions to a retirement account \$ _____ IRA \$ _____ 401K		
			\$ _____ Roth IRA \$ _____ Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post secondary educational expenses for yourself, your spouse, or your dependents		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreimbursed employee business expenses (such as uniforms or mileage)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Out-of-pocket medical expenses (including health insurance premiums)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home mortgage interest		Form 1098
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes for your home (and in some states, personal property taxes for your vehicle-does not apply in OK)		Form 1098
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charitable contributions		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child or dependent care expenses such as daycare		Form W-10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expenses related to self-employment income or any other income you received		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domestic workers, housekeepers, or babysitters more than \$1,900 for the year (or more than \$1,000 in a quarter)		

Part V – Life Events – Last Year, Did You (or Your Spouse)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a Health Savings Account	Forms 5498, 1099-SA, W-2 with code W in box 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender	Forms 1099-C, 1099-A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buy, sell, or have a foreclosure of your home	Form 1099-A, closing stmts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have Earned Income Credit disallowed in a prior year If yes, for which tax year? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase and install energy-efficient home items (such as windows, furnace, insulation, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live in an area that was affected by a natural disaster If yes, where? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive the First Time Homebuyers Credit in tax year 2008	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay any student loan interest	Form 1098-E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make estimated tax payments or apply last year's refund to this year's tax If so, how much? \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?	

Part VI – Health Care Coverage (includes CHIP, Medicare, Medicaid, Employer-Sponsored Insurance, Individual Health Insurance, etc.)

Place an X in the appropriate box for all members of your household	You	Spouse	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Last year, had health insurance coverage for all 12 months of 2015:						
Yes , through the Exchange (provide Form 1095-A)						
Yes , from another source (please note where the coverage is from and provide Form 1095-B or 1095-C or proof of coverage)						
No , did not have coverage for any months of 2015						
No , but had coverage for some months of 2015 (<i>complete chart 1</i>)						

If **any** member of your household was without coverage for **some** months of 2015

Place an X in the box for any month with NO COVERAGE

Individual	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
You												
Spouse												
Dependent 1												
Dependent 2												
Dependent 3												
Dependent 4												

Yes No If you or any member of your household did NOT have coverage for more than 3 months of 2015, were you granted an exemption from Health & Human Services (HHS)* or IRS?

If yes, please list the code (from the list below), and the Exemption Certificate Number in the chart below:

- A** – Unaffordable premiums
- B** – Short term gap coverage
- C** – Citizens living abroad
- D** – Member of healthcare ministry
- E** – Member of federally recognized Native American tribe
- F** – Incarcerated
- G** – Unaffordable employer coverage
- H** – Fiscal year employer sponsored plan

* If you qualify for an exemption through HHS, you will need to contact HHS for an Exemption Certificate Number. Tax-Ability cannot do this for you.

Individual	Exemption Code	Exemption Certificate Number
You		
Spouse		
Dependent 1		
Dependent 2		
Dependent 3		
Dependent 4		

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were you eligible for (even if you did not receive) Medicare, Medicaid, or other state or local health insurance program?
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Were you eligible for (even if you did not receive) health care coverage through your employer or your spouse’s employer?

Yes No

Yes, but it did not provide Minimum Essential Coverage (such as stand-alone dental or vision insurance, or accident/disability insurance)

Yes, but it was not deemed affordable for this purpose (your share of the premium for the lowest cost self only plan is more than 9.5% of annual household income)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive an Advanced Premium Tax Credit?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adult nondependent children are part of my health insurance plan
<input type="checkbox"/> Yes	<input type="checkbox"/> No	My health insurance policy covers individuals in two or more tax households
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do any dependents in your tax household have income?
		If yes:
		<input type="checkbox"/> My dependent typically does not have to file a return
		<input type="checkbox"/> My dependent has already filed a return
		<input type="checkbox"/> My dependent needs to file a return

Part VII – Additional Information

Yes No Were there any changes to your filing status or number of dependents during 2015?

Yes No Did you move in 2015? If yes, from where _____ to where _____

Yes No Did you reside in more than one state during 2015? If yes, which states? _____

Yes No Do you want \$3 to go to the Presidential Election Campaign Fund? (if you check Yes, your tax or refund will not change)

Yes No May the IRS and state taxing authority discuss your return with me?

Yes No Did you receive any correspondence from the IRS or state taxing authority? If yes, please provide them to me.

Yes No Were you were notified by the IRS or state taxing authority of changes to a prior year’s return? If yes, please provide the letters to me.

Yes No Were there were changes to a prior year’s income, deductions, credits, etc which would require filing an amended return?

Yes No Are you or your spouse a member of the military?

Yes No Did you have an interest in or signatory authority over a bank or brokerage account in a foreign country?

Yes No Were you the grantor of, or transferor to a foreign trust?

Yes No Were you or your spouse the recipient of, or make, a below-market or interest-free loan?

Yes No Did you or your spouse receive gifts of money or other property from an individual who is not a resident of the United States?

Yes No Did you or your spouse have foreign income, or pay foreign taxes last year?

Yes No Have you or your spouse created a trust, or are trustee to a trust, in which a beneficiary died during 2015?

Yes No Does anyone owe you money that has become uncollectible?

Yes No Did you or your spouse purchase a new diesel or electric powered vehicle last year?

Yes No Did you or your spouse make any gifts in excess of \$14,000 to any one person other than as direct payment of tuition or medical expenses?

\$ _____ Enter the amount of internet or out-of-state purchases for which you did not pay sales tax

Your returns will be electronically filed, with a 5-digit Personal Identification Number (PIN) used for your signature. You can select your own PIN, or allow the software to use a randomly generated PIN.

	Random PIN	Self-selected PIN
You	<input type="checkbox"/> Yes	____ _
Spouse	<input type="checkbox"/> Yes	____ _

Yes No If you have a balance due, would you like to make a payment directly from your bank account? You can postdate the withdrawal up to Fri, April 15, 2016.

Yes No If you are due a refund, would you like Direct Deposit? If yes, choose direct deposit method below:

- Direct deposit from IRS / state into your bank account. There is no charge for this method. You must pay your tax preparation fees when your returns are e-filed.
- Direct deposit to EPS Financial E1 Visa Prepaid card. There is no charge for this method. Your tax preparation fees are deducted from your refund.
- Direct deposit from EPS Financial into your bank account. There is a \$29 fee for this method. Your tax preparation fees are deducted from your refund.

Bank Info:	Owner of account:	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	Name of financial institution:
	Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	_____
	Routing transit number:	Account number:		
	_____	_____		

If you are interested in purchasing U.S. Savings Bonds with your refund, or if you need to split your refund between different accounts, please ask me.

Documents you will need to bring for preparation of your returns

- _____ This completed and signed tax organizer
- _____ A copy of your drivers license, and a copy of your spouse’s drivers license (if I do not already have them)
- _____ A copy of Social Security cards for each person listed on your tax return (if I do not already have them)
- _____ Please provide last year’s federal and state income tax returns (if I do not already have them)
- _____ If you are claiming Earned Income Credit, I will need proof of residency for your children. Also, if you are self-employed, I will need proof of your business. Please see Earned Income Credit Information on my website for details.
- _____ If you paid educational expenses, please provide a detailed record of your account and payments from your educational institution – not just Form 1098-T.
- _____ If you paid child or disabled spouse care, please provide the name, address and tax ID number of the day care provider, and the amount paid to the provider.
- _____ If you were divorced or separated in 2015, please provide a copy of the divorce decree or separate maintenance agreement.
- _____ If you were married in 2015, please provide 2014 tax returns for both spouses.
- _____ Proof of insurance coverage for each member of your tax household, for all of 2015.

INCOME TAX RETURN PREPARATION AGREEMENT

1. I, Crystal Khan, will prepare your 2015 federal and requested state income tax returns from information that you have furnished to me. I will not audit or make any other verification on the data you submit, although it may be necessary to ask you for clarification of some of the information. I will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping my fee to a minimum and will assist in keeping pertinent information from being overlooked. Any other returns (for example, estate or gift) must be specifically requested.
2. It is your responsibility to provide all the information required for the preparation of a complete and accurate tax return. If you receive additional information after I begin working on your return, you must contact me immediately to ensure your completed tax returns contain all relevant information. You should retain all documents, cancelled checks and other data that form the basis of income and deductions for at least the period of the statute of limitations. You should also retain documents that support items carried over into open years, such as cost basis information, nondeductible IRA's, net operating losses, etc. This information may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns; therefore, you should review them carefully before you sign them. If for some reason you believe your returns have not been received by the taxing authorities, (i.e., didn't get your refund or they haven't cashed your check) then please contact me.
3. My work in connection with the preparation of your income tax returns does not include any procedures designed to discover irregularities, should any exist. I will render such accounting and bookkeeping assistance as determined to be necessary only for the preparation of your income tax returns.
4. I will use my professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority's interpretation of the law and other supportable positions. Unless otherwise instructed by you, I will resolve such questions in your favor whenever possible.
5. The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact me. The Internal Revenue Service also imposes penalties upon taxpayers and return preparers for failure to observe due care in reporting for income tax returns. You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records.
6. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, my representation of you is not included in your tax preparation fee. The taxing authorities may correspond with you regarding your tax return. You agree to timely forward this correspondence to me for review and analysis. Additional fees may be charged depending upon the response required.
7. My fees are based upon a combination of my standard rate schedule for the type of forms required to be filed, the time incurred to prepare an accurate and complete return, and the relevant tax issues associated with your return plus out of pocket expenses. If you terminate this engagement before completion, you agree to pay a fee for work completed. **My minimum fee is \$65. My hourly fee is \$65.** Please expect this year's tax preparation fee to increase compared to previous years, due to the additional forms and reporting requirements of the Affordable Care Act. Your cooperation in completing the health care worksheets fully will help to keep your costs down. Full payment is due when your return is completed, unless you have chosen the EPS refund program, where you are able to have your tax preparation fee deducted from your refund. There will be a \$30 fee for processing any checks that are returned unpaid.

I, _____, have read and accept the above terms and conditions. I understand that the information I have submitted here is for the sole purpose of preparing my tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my knowledge.

Acknowledged,

_____ Date