

Ofc Use Only

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ASCOT TAX

FILE NR: \_\_\_\_\_ 2015 TAX ORGANIZER

DATE IN: \_\_\_\_\_ TIME: \_\_\_\_\_ TAX RTN DEPOSIT FEE: \$\_\_\_\_\_ (REQUIRED)

**INSTRUCTIONS:** Fill out this organizer as completely as possible, even if you do not itemize on your Federal Return prior to your appointment. (Don't forget the check boxes (check the boxes if it applies to you)).

**TIPS:** Use your receipts, check book, and other documents such as payments to dentist, doctors, prescriptions, misc medical expenses, medical mileage, cash and non-cash donations (amount and to whom), etc., and post it to this organizer. Information required and not received by April 9th, 2015 will require that you be placed on an automatic extension, see below. **DO NOT WAIT FOR ALL OF YOUR YEAR END STATEMENTS PRIOR TO MAKING YOUR**

**APPOINTMENT CALL (480)894.2944 TODAY !!!**

You will be charged a fee of \$ 65.00 for appointment cancellations / changes not made at least 8 hrs preceding your appointment date & time.

**NOTE:** Taxpayers making an appointment after April 9th, 2016 will be placed on an automatic extension. If placed on an extension, tax returns will not be processed until after May 17th, 2016. A DEPOSIT WILL BE REQUIRED TO BE MADE WITH THE EXTENSION. Processing will be on a first in and first out basis. You are responsible for penalty and interest charged for late filing!!!! **ASCOT TAX CLOSED FROM 4-16-2016 > 5-16-2016 FOR VACATION.**

**BASIC INFORMATION:**      D.O.B \_\_\_\_\_      D.O.B \_\_\_\_\_

Name: \_\_\_\_\_      Spouse: \_\_\_\_\_

Soc Sec # \_\_\_\_\_      Soc Sec # \_\_\_\_\_

Addr \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_      Zip \_\_\_\_\_

Hm Nr: \_\_\_\_\_      Ofc: \_\_\_\_\_      Wife Ofc: \_\_\_\_\_      CP H/W: \_\_\_\_\_

Over Age 65 [ ]      >>>> [ ] For Spouse

Blind [ ]      >>>> [ ] For Spouse

Occupation \_\_\_\_\_      >>>> \_\_\_\_\_

Presidential Election \$3.00 [ ]      >>>> [ ] For Spouse

**Filing Status:** [ ] Single [ ] Married Joint [ ] Married Separate  
[ ] Head of Household [ ] Qualified Widow/er

**Dependents: PLEASE BRING SOC SECURITY CARDS FOR VERIFICATION:**

First Name, MI, Last Name	Soc. Sec #	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Check box if:** Named dependents can be claimed on another persons tax return? [ ]

**DEPEND. SON / DAU OVER 18 YEARS OF AGE?** [ ] \_\_\_\_\_ (Initial, Explain)

**IF ANY OF THE DEPENDENTS IS YOUR MOTHER / FATHER, ARE THEY RECEIVING SOCIAL SECURITY OR OTHER INCOME?** [ ] \_\_\_\_\_ (Initial, and explain)

**INCOME SECTION**

Please attach all W-2's, W-2G, 1099 INT, 1099 MISC, 1099 DIV, 1099 G, 1099 B, Social Security 1099 SSA, any other document that you have received indicating income, (**this includes gambling, lottery winnings, unemployment compensation, baby sitting, etc.** ).

SOURCE: TAXPAYER, DOC TYPE SOURCE: SPOUSE, DOC TYPE  
1. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 6. \_\_\_\_\_  
3. \_\_\_\_\_ 7. \_\_\_\_\_  
4. \_\_\_\_\_ 8. \_\_\_\_\_

**OTHER ARIZONA INCOME**

V.A. Payments .... \_\_\_\_\_ R.R. Retirement. \_\_\_\_\_  
Unemployment Comp... \_\_\_\_\_ U.S. Govt Interest \_\_\_\_\_  
Mil/Fed/State Exclusion of \$2500 of retirement \_\_\_\_\_ Other: \_\_\_\_\_  
**Withdraw monies from your IRA/KEOGH Account?** [ ] \_\_\_\_\_ (Initial).  
**Receive Alimony** [ ] Amt \$ \_\_\_\_\_ (Initial).  
**PRIOR YEAR STATE TAX REFUNDS RECEIVED IN 2015** \_\_\_\_\_

**ADJUSTMENTS TO INCOME**

Contributions to your IRA/KEOGH [ ] Amt. \_\_\_\_\_ (Initial).  
Contributions to spouse IRA/KEOGH [ ] Amt. \_\_\_\_\_ (Initial).  
Paid Alimony [ ] Amt. \_\_\_\_\_ Name of Receiver \_\_\_\_\_  
**Soc Sec # of Receiver** \_\_\_\_\_  
Early withdrawal of Certificate of Deposit Penalty? [ ]  
If self employed, cost of medical insurance. Amt \$ \_\_\_\_\_

**INTEREST AND DIVIDEND INCOME RECEIVED**

Received From: Amount Tax Exempt Amt.  
\$ \_\_\_\_\_ Source: \_\_\_\_\_  
\_\_\_\_\_ . \_\_\_\_\_  
\_\_\_\_\_ . \_\_\_\_\_ Have a Foreign Account during 2015:  
\_\_\_\_\_ . \_\_\_\_\_ [ ] If Yes, country: \_\_\_\_\_  
\_\_\_\_\_ . \_\_\_\_\_ Were you grantor / transferor to a  
\_\_\_\_\_ . \_\_\_\_\_ Foreign Acct. during 2015: [ ]

**STOCK / BOND TRADES**

Check if you bought and or sold any stock, bonds, or mutual funds? [ ] If box is **checked**, attach buy, sell, and year end statements from your broker.

**PARTNERSHIP / TRUST INCOME**

Member of a Limited Partnership? [ ] Receive Trust Income [ ]  
If the answer is **yes**, attach copies of the Federal Form 1041 / 1065 K-1 for each Trust / Limited Partnership Venture. \_\_\_\_\_ (initial)

**SUB CHAPTER S CORPORATIONS**

Are you a member of a Sub Chapter S Corp? [ ] \_\_\_\_\_ (Initial)  
If the answer is **yes**, attach copies of the Federal Form 1120S K-1 for each business venture.

**OTHER GENERAL INFORMATION**

**COD / OID / SCH B/ SCH C/ SCH D/ SCH E / SCH F / FORM 4835 /**

**SMALL BUSINESS OWNER**

Did you operate a small business during the tax year? [ ] If the answer is **yes**, complete this section. Explain or expand on attached sheet.

<b>TYPE OF BUSINESS:</b> _____		<b>SALES:</b> \$ _____.	
Advertising .....	\$_____	Travel .....	_____
Clean & Maint ...	_____	Commissions .....	_____
Insurance .....	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs .....	_____	Supplies .....	_____
Taxes .....	_____	Utilities .....	_____
Wages & Salaries	_____	Rent .....	_____
Begin Inventory	_____	License .....	_____
Ending Inventory	_____	Postage/Shipping	_____
Purc. for resale	_____	Equip Purchased:	
Other _____	_____	Item / Date / Cost	
Other _____	_____		
TOT MILES: _____	BUS: _____	In Svc: _____	Model: _____

**RENTAL PROPERTY**

Do you receive income from RENTAL PROPERTY? [ ] If **yes**, please fill in the next section. **Provide additional sheets as required.**

**Property 1 Location:** \_\_\_\_\_

Placed in Svc: \_\_\_\_\_ Rents Received: \$ \_\_\_\_\_.

Check if you or a family member stayed in the house / apt > 14 days? [ ]

Check if you actively participate in the operation of the rental? [ ]

Expenses:

Description	Amt.	Description	Amt
Advertising .....	\$_____	Travel ...	\$_____
Clean & Maint ...	_____	Commissions .....	_____
Insurance .....	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs .....	_____	Supplies .....	_____
Taxes .....	_____	Utilities .....	_____
Wages & Salaries	_____	Tot Miles: _____	Bus: _____
_____	_____	In Svc: _____	Model: _____

**Property 2 Location:** \_\_\_\_\_

Placed in Svc: \_\_\_\_\_ Rents Received: \$ \_\_\_\_\_.

Check if you or a family member stayed in the house / apt > 14 days? [ ]

Check if you actively participate in the operation of the rental? [ ]

Expenses:

Description	Amt.	Description	Amt
Advertising .....	\$_____	Travel ...	\$_____
Clean & Maint ...	_____	Commissions .....	_____
Insurance .....	_____	Legal & Prof Fees	_____
Mortgage Interest	_____	Other Interest ..	_____
Repairs .....	_____	Supplies .....	_____
Taxes .....	_____	Utilities .....	_____
Wages & Salaries	_____	Tot Miles: _____	Bus: _____
_____	_____	In Svc: _____	Model: _____

**MEDICAL EXPENSES**

Prescription Drugs ..... \$\_\_\_\_.\_\_\_\_ Medical Insurance ... \$\_\_\_\_.\_\_\_\_  
Dental Insurance ..... \_\_\_\_\_ Medical Dr. .... \_\_\_\_\_  
Dentist ..... \_\_\_\_\_ Optometrist ..... \_\_\_\_\_  
Hospital ..... \_\_\_\_\_ X-Rays ..... \_\_\_\_\_  
Lab / Blood Fees ..... \_\_\_\_\_ Medical Mileage .... \_\_\_\_\_  
Medical Lodging ..... \_\_\_\_\_ Glasses ..... \_\_\_\_\_  
Medical Insurance Reimbursement: ..... \_\_\_\_\_  
Other Medical Expense: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**TAX EXPENSES**

Fed Estimated Taxes Pd \$\_\_\_\_.\_\_\_\_ AZ Estimated Taxes Pd. \$\_\_\_\_.\_\_\_\_  
AZ Taxes Pd. 2015 \_\_\_\_\_ Property Taxes Pd. \_\_\_\_\_  
Taxes on Un-developed Land \_\_\_\_\_ Auto License Plates \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_

**INTEREST EXPENSES PAID**

Home Mortgage ..... \_\_\_\_\_ Interest Pd. to Individual:  
Home Equity Loan ..... \_\_\_\_\_ Name: \_\_\_\_\_  
Addr: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**CONTRIBUTIONS**

Cash Donations: **(ATTACH RECEIPT IF SINGLE DONATION IS OVER \$ 250.00)**  
\_\_\_\_\_.\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_.\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_.\_\_\_\_ Charity Mileage: \_\_\_\_\_

Non-Cash Donations: **(PROVIDE RECEIPTS, NAME, ADDRESSES IF OVER \$500.00.)**  
\_\_\_\_\_.\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_.\_\_\_\_ \_\_\_\_\_

**THEFT OR CASUALTY LOSS**

Have a theft or casualty loss in 2015 that was not reimbursed to you by insurance? [ ]. Explain in full detail on an additional sheet of paper. Basic information required: Amt of loss, insurance deductible, insurance reimbursement. Was a police report filed?

**MISCELLANEOUS DEDUCTIONS**

Union Dues ..... \_\_\_\_\_ Professional Dues ..... \_\_\_\_\_  
2014 Tax Prep Fees ..... \_\_\_\_\_ Safety Deposit Box ..... \_\_\_\_\_  
Sml Tools / Safety Equip ..... \_\_\_\_\_ Uniform / Maint Expenses ..... \_\_\_\_\_  
Professional Supplies ... \_\_\_\_\_ Job Hunting Expenses ... \_\_\_\_\_  
Gambling Losses ..... \_\_\_\_\_ Other: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_

FORM 2106:

BUSINESS MILES DRIVEN: \_\_\_\_\_ TOTAL MILES DRIVEN: \_\_\_\_\_  
TRAVEL \_\_\_\_\_ HOTELS \_\_\_\_\_ FOOD: \_\_\_\_\_  
EXPENSES NOT PAID BY EMPLOYER: \_\_\_\_\_ Employer Reimbursement paid  
EXPENSES NOT PAID BY EMPLOYER: \_\_\_\_\_ to you: \_\_\_\_\_

Check if you had any household employees? [ ]

TAX CREDITS

Child Care: How many children .....
Provider of Care: Addr:
Soc Sec # / EIN of Provider: Amount Pd. \$
Provider of Care: Addr:
Soc Sec # / EIN of Provider: Amount Pd. \$

ELECT FILING INFO: [ ] RTN NR: ACCT NR:

ACCOUNTANT QUESTIONS: (Write on back Organizer)

TAX CHECK LIST

Check questions that apply. (DO NOT MARK QUESTIONS THAT DON'T APPLY).

- Contacted by the IRS/State of any change in prior year tax return? [ ]
Are any of your claimed dependents not U.S. citizens? [ ]
Receive Jury Duty Pay in 2015 [ ] Was check given to employer? [ ]
Receive Tips/Gratuities? (Not reported on your W2) [ ]
Receive any prizes/Awards/or Gambling Winnings? [ ]
Did you give gifts of over \$14,000 (single) or \$28,000 (married)? [ ]
Did you/spouse work in a foreign country? [ ]
Did you/spouse use the barter system during tax year? [ ]
Purch appliance, air conditioner, windows that are energy efficient? [ ]
Receive insurance benefits from a claim filed in 2014? [ ]
Have any worthless stocks or uncollected bad debts? [ ]
Did you have Medical Insurance for You / Family?S [ ]
Have interest from children savings account in their name? [ ]
Buy/Sell a house in 2014/15? [ ] Divorced /separated in 2015? [ ]
Receive a Home Buyers Tax Credit in 2015 or prior year? [ ]
Receive a Form 1099C Cancellation of Debt document in 2015?[ ]
Move into or out of the State in 2015? [ ]
Receive retirement / pension monies / Annuity / IRA Distributions? [ ]
Sell any business assets during 2015? [ ]
Receive any insurance monies during tax year? [ ]
Receive any Jury Award (Law Suit) in 2015? [ ]
Did you take any education courses during 2015? [ ]
Have any Capital losses from prior years tax return? [ ]
Work out of town during the tax year? [ ] Have a second job? [ ]

DISCLAIMER: THIS QUESTIONNAIRE HAS BEEN SUBMITTED AND PROVIDED TO ASCOT TAX & ACCOUNTING TO BE USED IN THE PREPARATION OF INCOME TAX RETURNS FOR FEDERAL / STATE TAXING AGENCIES. IF THIS RETURN HAS GENERATED AN EARNED INCOME CREDIT (EIC) OR USES HEAD OF HOUSEHOLD (HOH) FILING STATUS, THIS FIRM HAS QUESTIONED THE TAX PAYER AND INFORMED HIM/HER OF CONSEQUENCES IF THEIR REQUEST FOR EIC OR HOH IS DENIED. A COPY OF THE TAX RETURN WILL BE GIVEN TO THE TAXPAYER FOR HIS / HER RECORDS. TAX PAYERS ARE ENCOURAGED TO MAINTAIN TAX INCOME AND EXPENSE RECORDS NECESSARY TO SUBSTANTIATE INCOME & EXPENSES TAKEN ON THE TAX RETURNS. Check if you have reported all income to the IRS [ ] / (Initial).

Signed: Taxpayer Spouse DATE: