

**SCHNEIDER, LARCHE, HAAPALA & COMPANY, PLLC**  
**CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS**  
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**INDIVIDUAL TAX INFORMATION ORGANIZER FOR 2015 RETURN**

**Personal Information** - *If you are a new client, please provide copies of last year's tax return.*

	Taxpayer	Spouse
Social Security Number		
First Name		
Last Name		
Address		
City, State Zip		
Occupation		
Email Address		
Phone Number	Home ( )      Cell/Work ( )	Home ( )      Cell/Work ( )
Birthdate		
Are you	Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No    Permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No    Permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

Filing status: Single Married filing jointly Married filing separately Widow(er) Head of household  
 Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally recognized same-sex marriage? Yes No  
 Were you divorced or separated during the year? Yes No    Were there any deaths in the family? Yes No

Names of dependent children <i>First and last</i>	Social Security #	Date of birth	Relationship	Months lived In home in 2015	College Student	Care expenses paid for dependent
	- -					
	- -					
	- -					
	- -					
	- -					

*Note: Social Security Number is mandatory (subject to penalty) for each dependent.*  
 Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent or the child will claim themselves? Yes No  
 Are any children disabled? Yes No    Did any children have unearned income above \$1,050 for the year? Yes No

**Other dependents or people who lived with you**

Name	Social Security #	Date of birth	Relationship	Income
	- -			
	- -			

**Quarterly Tax Estimates Paid – Federal and State**

	Federal		State	
	Date paid	Amount	Date paid	Amount
1 <sup>st</sup> quarter 2015				
2 <sup>nd</sup> quarter 2015				
3 <sup>rd</sup> quarter 2015				
4 <sup>th</sup> quarter 2015				
Other:				
TOTAL estimates paid for 2015		\$		\$

**Direct Deposit/Electronic Funds Withdrawal Information**

If you are due a refund, would you like it directly deposited into your bank account? *Name of bank*  
 Checking  Savings       Routing transit number      Account number

Ask your tax preparer for information about depositing a refund into an IRA account, or splitting the deposit into more than one account.

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information for the preparation of this year's income tax returns for which I have adequate records.

Signature	Date
Signature	Date

## State Information

Full-year resident  Part-year resident  Non-resident

States of residence during 2015:

Dates:

School District:

Did you own or rent your home?  Own  Rent

Are you or your spouse a veteran with a service connected disability?  Yes  No

%

%

Are you or your spouse a "resident tribal member" of a federally recognized Indian Tribe?  Yes  No If yes, what tribe?

Contributions made to:

Michigan Education Trust

Michigan Education Savings Plan(MESP)  
Including MI 529 Advisor Plan(MAP)

Payments made in 2015

\$

\$

Distributions received in 2015

\$

\$

Did you purchase tangible personal property items that you did not pay Michigan sales tax on?

Yes  No

If yes, what was purchased and how much was spent including shipping and handling?

\$

<b>PERSONAL INFO</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your marital status change during the year? If yes, explain _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your address change from last year? If yes, new address _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you be claimed as a dependent by another taxpayer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authorities during the year?
<b>DEPENDENT INFO</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,050?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for child care while you worked or looked for work?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any expenses related to the adoption of a child during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?
<b>PURCHASES, SALES AND DEBT INFORMATION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you start a new business or purchase rental property during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase or sell a principal residence during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you acquire or dispose of any stock during the year, or have it become worthless?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you foreclose or abandon a principal residence or real property during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell an existing business, rental or other property this year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you lend money with the understanding of repayment in this year and it became totally uncollectable?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?
<b>INCOME INFORMATION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a business or an interest in a partnership, corporation, LLC, or other venture?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted, or did you exercise, any employer stock options during 2015?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you engage in any farming activities?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony in 2015? Paid/received \$ _____ Recipient SSN# _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any income from an installment sale?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any unemployment benefits during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any disability income during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive tip income not reported to your employer this year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did any of your life insurance policies mature, or did you surrender any policies?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you expect a large fluctuation in income, deductions, or withholding next year?	
<b>RETIRE- MENT INFO</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active participant in a pension or retirement plan?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any Social Security benefits during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401K, or other qualified retirement plan?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401K, or other qualified retirement plan?
<b>EDUCATION INFORMATION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any withdrawals from an education savings or 529 Plan account?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any student loan interest this year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you cash any Series EE or I US. Savings bonds issued after 1989?

<b>HEALTH CARE INFORMATION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (I.E. Medicare/Medicaid) for every month of 2015 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did anyone in your family qualify for an exemption from the health care coverage mandate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any contributions to a Health saving account (HSA) or Archer MSA?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA in 2015?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay long-term care premiums for yourself or your family?
<b>ITEMIZED DEDUCTION INFORMATION</b>	<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?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you incur a casualty or theft loss or any condemnation awards during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have an expense account or allowance during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use your car on the job, for other than commuting?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work out of town for part of the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any expenses related to seeking a new job during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any major purchases during the year (cars, boats, motorhomes, etc.)?
<b>MISCELLANEOUS INFORMATION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any gifts of more than \$14,000 to any individual?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any individual as a household employee during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make energy efficient improvement to your main home this year?
	<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 receive a distribution from, or were you a grantor or transferor for a foreign trust?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have a financial interest in or signature authority over a financial account such as bank account, securities account, or brokerage account, located in a foreign country?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any foreign financial accounts, foreign financial assets, or hold an interest in a foreign entity?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive correspondence from the State or the Internal Revenue Service? If so, explain
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like the IRS and State to discuss your tax return with your tax preparer if any questions should arise?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the Military?

### Income Information

Please bring in all supporting documentation such as W-2's, 1099's, 1095 from Marketplace healthcare, K-1's from employers, partnerships, S corporations, estates and trusts, brokerage houses, mutual funds, banks and credit unions, etc. for the following:

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| <ul style="list-style-type: none"> <li>• Wages, salaries and tips</li> <li>• Interest income</li> <li>• Tax exempt interest income received (attach year-end statement)</li> <li>• Dividends</li> <li>• Stock sales</li> <li>• Retirement income including pensions and IRA's *</li> <li>• Debt Forgiveness</li> </ul> | <ul style="list-style-type: none"> <li>• Annuities</li> <li>• Unemployment compensation (Form 1099-G)</li> <li>• Social Security (attach Social Security report Form SSA-1099)</li> <li>• Railroad retirement</li> <li>• State income tax refund</li> <li>• Gambling winnings</li> </ul> |
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**\* If you have reached the age of 70 ½ during the year, you are required to start withdrawing from retirement plans or you could incur a tax penalty.**

Please provide a total amount for (if applicable):

Public assistance	\$	Strike benefits	\$
Prizes/award	\$	Scholarships	\$
Education grants	\$	Tips/gratuities not reported on W-2	\$
Veterans disability	\$	Workers compensation	\$
Bartering	\$	Other	\$
Alimony received	\$		

If any of the following apply, please attach detail of receipts and expenditures. Contact us if you need additional help:

- Business (Schedule C)
- Rental (Schedule E) including type of property and full address
- Farm (Schedule F)
- Installment sale payments received

Interest \$

Principal \$

Payor

Social security #

## Sales and Exchange Worksheet – Please bring 1099’s you received

Provide information about sales of stock, real estate or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description	Purchase date	Cost	Selling date	Sale price
		\$		\$
		\$		\$
		\$		\$
		\$		\$

We need exact purchase and sale dates and cost including reinvestments, if applicable, to determine the capital gain rate which applies. Electronic spreadsheets can be imported into our tax package. Your statements from your broker (Form 1099-B) sometimes provide the cost/basis information necessary to compute gain or loss. If the statement does not contain this information, you must provide it.

## Other Adjustment/Credits

### Retirement Plans

IRA Maximum \$5,500 for 2015 (additional \$1,000 if 50 years or older)

Traditional or Roth IRA (indicate which):	Date made	Amount
Taxpayer		\$
Spouse		\$
If amount listed is not the maximum, do you want to contribute the maximum?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make a retirement plan rollover to a traditional or Roth IRA in 2015? If yes, amount		\$
Do you or your spouse actively participate in an employer plan?	Self: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make contributions for a self-employed SEP, Simple and/or qualified plan.		\$

Some contributions for 2015 can be made in 2015

### Child Care Credit

Child care expenses paid to allow parent to work or go to school (please estimate for each child):

The following information is needed for each provider in order to claim the credit/totals should agree to dependent totals:

Provider name	
Address	
Social security or ID number	
TOTAL PAID	\$
Provider name	
Address	
Social security or ID number	
TOTAL PAID	\$
Amount you elected to defer through your payroll to a cafeteria or flex plan for child care in 2015 – should agree to W-2 box 10	\$

### Higher Education Deductions and/or Credits

Qualified tuition and course fees paid for student attending eligible education institutions post high school. Please attach your tuition settlement statements and 1098T's. We need the institutions EIN, name and address.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children attending college?	Year in college	Paid by You: Tuition \$	Student loan interest \$	Books \$
	Other expenses:		Paid by student: Tuition \$	Student loan interest \$	Books \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for a private school for a dependent child or take classes yourself?				
	Student				Amount paid \$
	Name and address of school				

Qualified Student Loan Interest Paid in 2015 for you, spouse or dependent

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_  Taxpayer  Spouse  Dependent

\$2,500 Maximum per year – Income Limits Apply

Education Savings Account (ESA) - maximum \$2,000 for 2015

Contributions made in 2015	\$	Distributions received in 2015	\$
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### Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each (\$500 joint)	\$
Are you covered by a Health Savings Account (HSA)? Amount of deductible contributions	\$
Self-employed SEP, Simple, and qualified plans. Some contributions for 2015 may be made in 2015.	\$
Self-employed health insurance deduction. (Sole proprietors, partners, and 2% S corporation shareholders)	\$
Penalty on early withdrawal of savings.	\$
Student loan interest deduction paid for taxpayers and dependents. Income limits apply.	
Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.	
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2015 may be made in 2015.	\$
Moving expenses. Job-related move and at least 50 mile increase in commuting distance.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer

### Questions To Be Discussed During Your Tax Return Interview:

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## Itemized Deductions paid during 2015

Deductions must generally exceed \$6,300 for single; \$12,600 for MFJ; \$9,250 HOH; or \$6,300 MFS to be a benefit.

**Medical** – Must exceed 7.5% of for taxpayers born before January 2, 1950 (either spouse if MFJ). Must exceed 10% of income for all others.

Prescription medicines and drugs	\$	Doctor, dentist, etc	\$
Medical insurance premiums paid	\$	Hospitals/Nursing Home fees	\$
Medicare insurance paid (SSA-1099)	\$	Lab fees/X rays	\$
Long-term care insurance premiums	Taxpayer \$	Eyeglasses and contacts	\$
	Spouse \$		
		Hearing aids	\$
		Medical Supplies	\$

Number of medical miles: @ 23.0 cents per mile

Lodging - limit of \$50 per day per person

\$

Total insurance and HSA reimbursement if not netted in above figures

\$

**Taxes – Do not include taxes paid for full or partial business or rental-use property.**

*Real estate taxes on personal residence:*

		Amount	Date paid
Taxable value of residence	Township/City	\$	
2014 Winter		\$	
2015 Summer		\$	
2015 Winter		\$	
Other real estate taxes on land, camp, etc:		\$	
Licenses fees on vehicles			

Yes  No Did you keep receipts for sales tax paid during 2015?

Amount \$

Yes  No Did you purchase a car, plane, boat, motorcycle or home in 2015?

Was it new or used?

Sales tax paid \$

Purchase paid \$

Date

/ /

### Interest Expense

*Principal residence and one vacation residence (boat or recreational vehicle with living accommodations)*

House mortgage paid to financial institution (attach Form 1098 received from lender)	\$
Home equity or home improvement loan	\$
Mortgage insurance premiums paid (PMI)	\$
House mortgage or contract paid to individual:	\$

Name

Social Security #

Address

New mortgage or refinance?

For how many payments?

Date

/ /

### Points Paid

*If you refinanced a mortgage or purchased a new residence – please bring in closing papers*

\$

*Investment Interest - i.e. on debt to carry stocks, bonds or investments:*

List:

\$

### Charitable

Cash to church and charities *	\$
Noncash contribution - Fair market value of items given	\$
<i>If over \$500, provide details of contributions. Items must be in good used condition or better</i>	
Out-of-pocket expenses for charities	\$
Charitable miles (14 cents per mile)	
Did you transfer funds from an IRA directly to a charity	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Rules require the taxpayer retain documentation for ALL cash contributions and acknowledgement from charity of a \$250 or more donation be received from charity prior to filing the return.

### Casualty and Theft Loss

If you suffered any sudden, unexpected damage or loss of property or a theft, provide details to your preparer

**Miscellaneous Deductions** - Attach detail if applicable : Were any expenses reimbursed by your employer  Yes  No

Union, business and professional dues including work assessments	\$
Professional subscriptions	\$
Uniform and protective clothing – not deductible if adaptable for everyday wear	\$
Work tools – small tools, repairs, etc.	\$
Teaching expenses - supplies, books, etc.	\$
Education expenses associated with your job – books, travel etc.	\$
Travel between jobs or to a temporary job	# of miles
** Auto expenses will not be allowed by IRS without adequate written records or sufficient evidence supporting business use. Daily records provide the best protection in case of an audit. Please provide us with total mileage, commuting mileage and business mileage by vehicle. We do have log books available for your use.	
Other business expenses:	\$
Tax preparation fees	\$
IRA fees – paid separately	\$
Safe deposit box rent	\$
Gambling losses	\$

Deductible only up to the amount of gambling winning reported. A log must be kept to verify losses.