

Allen L. Kockler Company 2015 Tax Organizer

Client Information:

Returning Client New Client If a new client, please bring a copy of your 2014 tax return

2014 Preparer Allen Kockler Jon Augustus Christopher Scobba Other

Taxpayer Name _____	Taxpayer DOB _____ / ____ / ____	
Spouse Name _____	Spouse DOB _____ / ____ / ____	
Address _____	Child 1 Name _____	DOB _____ / ____ / ____
City _____	Child 2 Name _____	DOB _____ / ____ / ____
State, ZIP _____	Child 3 Name _____	DOB _____ / ____ / ____
Home Phone () _____	Child 4 Name _____	DOB _____ / ____ / ____
Cell Phone (T) () _____	E-mail (T) _____	@ _____
Cell Phone (S) () _____	E-mail (S) _____	@ _____

(T) = Taxpayer (S) = Spouse

Income

Did you receive income from any of the following?

W2 _____	Capital Gains _____	Partnership _____	Trusts _____
Interest _____	IRA _____	Farms _____	Foreign _____
Dividends _____	Pension _____	Unemployment _____	Debt Cancellation _____
Alimony _____	Rentals _____	Social Security _____	Gambling _____
Sole Proprietor _____	S Corporation _____	Estates _____	

Adjustments to Gross Income

Do you qualify for any of these adjustments to gross income?

Educator Expenses _____	SEP Contributions _____	Alimony _____
Business Expenses _____	SIMPLE Contributions _____	Paid to (SSN): _____
HSA Contributions _____	IRA Contributions _____	Student Loan Interest _____
Moving Expenses _____	Self-Employed Health Insurance _____	Tuition & Fees _____

Itemized Deductions (Amounts Paid)

Medical & Dental Expenses:

For any medical & dental deduction, your expenses must exceed 10% of your Adjusted Gross Income

Medical & Dental _____
 Health Insurance _____
 Medical Miles _____

Taxes Paid:

State Withholding _____
 Property Taxes _____
 Vehicle Licenses _____

Interest Paid:

Mortgage Interest _____
 2nd Mtg Interest _____
 Investment Interest _____

Miscellaneous Deductions

Job Travel _____
 Uniforms _____
 Union Dues _____
 Licenses _____
 Safe Dep Box _____
 Investment Exp _____

Gifts to Charity:

All gifts to charity must be accompanied by a receipt. If any single gift of \$>250, acknowledgment letter from charity required.

Cash Charity _____
 Non-Cash Charity _____
 Charitable Miles _____

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Tax Credits

- Did you pay any child care expenses? If yes, please provide the statement from the provider. Y N
- Did you have any dependent children under 17 live with you at the end of the year? Y N
- Did you pay any higher education expenses? If yes, please provide the 1098T and billing statement from the school. Y N
- Did you have any accounts which may have paid foreign taxes? Y N
- Did you install solar, wind or geothermal energy systems in your personal residence? Y N
- Did you purchase insurance through the Exchange and receive a premium tax credit? Y N

Payments

	14 Overpayment	1st Pmt Amt	2nd Pmt Amt	3rd Pmt Amt	4th Pmt Amt
Federal	_____	_____	_____	_____	_____
Iowa	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Compliance Questions

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Do you have any household labor earning more than \$1,000? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Can mileage, travel, and entertainment be substantiated? (mileage log, receipts, etc.) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you hold any foreign accounts? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, do accounts have a balance in excess of \$10,000? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you claimed as a dependent on anyone else's tax return? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Did you refinance your home in 2015? (if yes, please provide us with closing statement) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Did you receive any letters from the IRS? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Did you receive any letters from the Iowa Department of Revenue? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

What I Should Provide to My Tax Preparer

- Copies of all W-2s, 1099s, K-1s, 1095s, 1098s,
- Brokerage Statements
- Summary of Income (if applicable)
- Summary of Expenses (if applicable)
- Copies of Dependent Returns or Tax Documents
- HUD Statement if You Refinanced
- IRA Contributions

What I Don't Need to Provide

- Invoices (activity should be summarized)
- Receipts (activity should be summarized)
- Bank Statements (activity should be summarized)
- 401K Summary

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Earned Income Credit Checklist

If you have previously received Earned Income Tax Credit please fill out this worksheet

Taxpayer with Qualifying Child(ren)

Child's Name _____	Child's Name _____	Child's Name _____
Child's DOB _____	Child's DOB _____	Child's DOB _____
Child's SSN _____	Child's SSN _____	Child's SSN _____
Relationship to (T) _____	Relationship to (T) _____	Relationship to (T) _____

Documents Provided for Residency of Qualifying Child(ren)

School Record _____	School Record _____	School Record _____
Landlord Stmt _____	Landlord Stmt _____	Landlord Stmt _____
Medical Record _____	Medical Record _____	Medical Record _____
Child Care Stmt _____	Child Care Stmt _____	Child Care Stmt _____
Placement Agency Stmt _____	Placement Agency Stmt _____	Placement Agency Stmt _____
Social Service Stmt _____	Social Service Stmt _____	Social Service Stmt _____
Place of Worship Stmt _____	Place of Worship Stmt _____	Place of Worship Stmt _____
Indian Tribal Stmt _____	Indian Tribal Stmt _____	Indian Tribal Stmt _____
Employer Stmt _____	Employer Stmt _____	Employer Stmt _____
Disable Child Stmt _____	Disable Child Stmt _____	Disable Child Stmt _____
Notes in File _____	Notes in File _____	Notes in File _____
Other _____	Other _____	Other _____

Documents Provided for Schedule C Taxpayer With or Without Qualifying Child

Business License _____	Reconstruction of Income/Expenses _____
Form 1099s _____	Sales Tax Permit _____
Records of Gross Receipts/Expenses _____	Notes in File _____
Summary of Income/Expenses _____	Other _____
Bank Statements _____	_____

Taxpayer Initials _____

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Schedule C - Profit or Loss from Business

Name of Business _____
 Address (if different) _____
 City, State _____

If you purchased, sold, or disposed of any equipment in 2015 please fill out the Asset Transaction page at the end of this organizer

Incomes

Sales _____
 Refunds & Allowances _____

Net Sales _____

Inventory

Beginning Inventory _____
 Purchases + _____
 Cost of Materials + _____
 Cost of Labor + _____
 Ending Inventory - _____

Cost of Goods Sold = _____

Expenses

Expenses

Advertising _____
 Bank Charges _____
 Dues & Subscriptions _____
 Employee Benefits _____
 Gas/Oil for Equipment _____
 Insurance (non-health) _____
 Insurance (health) _____
 Interest to Banks _____
 Interest to Other _____
 Laundry & Uniforms _____
 Legal & Professional _____
 License & Fees _____
 Meals & Entertainment _____
 Mileage Reimbursement _____
 Office Expense _____
 Outside Services _____
 Parking Fees _____
 Retirement Plans _____
 Postage/Freight _____
 Rent - Property _____
 Rent - Equipment _____
 Repairs & Maint _____
 Salaries/Wages _____
 Security _____
 Supplies _____
 Payroll Taxes _____
 Real Estate Taxes _____
 Small Tools _____
 Telephone _____
 Travel _____
 Utilities Expense _____

 Total Expenses _____

Payroll Compliance

If you have payroll, please mark one of the following:

- We offer group health insurance to all full time equivalents and pay the same % for the owners and employees
- We offer group health insurance, but pay different percentages (No Longer Allowed)
- We reimburse individual health insurance premiums
- We did not offer group health insurance or reimburse individual health insurance premiums

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Rental Income

<i>General Information</i>	<i>Property 1</i>	<i>Property 2</i>	<i>Property 3</i>	<i>Property 4</i>
Street Address	_____	_____	_____	_____
City, St, ZIP	_____	_____	_____	_____
Kind of Property	_____	_____	_____	_____
# Days Rented	_____	_____	_____	_____
# Days Personal Use	_____	_____	_____	_____
<i>Incomes</i>				
Rents	_____	_____	_____	_____
Royalties	_____	_____	_____	_____
<i>Expenses</i>				
Advertising	_____	_____	_____	_____
Association Dues	_____	_____	_____	_____
Auto Expense	_____	_____	_____	_____
Cleaning Expense	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Legal & Professional	_____	_____	_____	_____
License & Permits	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Mileage	_____	_____	_____	_____
Mrtg Interest to Banks	_____	_____	_____	_____
Mrtg Interest to Other	_____	_____	_____	_____
Pest Control	_____	_____	_____	_____
Remodeling Expense	_____	_____	_____	_____
Repairs & Maintenance	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Real Estate Taxes	_____	_____	_____	_____
Other Taxes	_____	_____	_____	_____
Salaries & Wages	_____	_____	_____	_____
Telephone Expense	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Utilities Expense	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Total Expenses	_____	_____	_____	_____
	_____	_____	_____	_____

For Sales or Dispositions of Property Please See the Asset Schedule on the Last Page

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Farm Income

Incomes

Sale of Livestock Purchased for Resale	_____
Cost of Livestock Purchased	() _____
Sale of Livestock, Produce, Grains Raised	_____
Cooperative Distributions	_____
Agricultural Program Payments	_____
Commodity Credit Corp Loans Reported	_____
Commodity Credit Corp Loans Forfeited	_____
Crop Insurance Proceeds Received	_____
Custom Hire Income	_____
Federal Fuel Credit from Previous Year	_____
State Fuel Credit from Previous Year	_____
Other Income	_____
 Total Income	 _____

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- We offer group health insurance, but pay different percentages (No Longer Allowed)
- We reimburse individual health insurance premiums
- We did not offer group health insurance or reimburse individual health insurance premiums

Expenses

Advertising	_____
Bank Charges	_____
Car & Truck	_____
Chemicals	_____
Conservation Fees	_____
Custom Hire	_____
Dues and Subscriptions	_____
Employee Benefit Programs	_____
Equipment Leasing	_____
Feed Purchased	_____
Fertilizer & Lime	_____
Freight & Trucking	_____
Fuel & Oil	_____
Insurance (health)	_____
Insurance (non-health)	_____
Legal & Professional	_____
Livestock	_____
Meals & Entertainment	_____
Mileage	_____
Mrtg Interest to Banks	_____
Mrtg Interest to Other	_____
Outside Labor	_____
Postage & Freight	_____
Property Taxes	_____
Rent (Vehicles, Machinery)	_____
Rent (Land, Animals, etc.)	_____
Repairs & Maintenance	_____
Security	_____
Seeds & Plants	_____
Small Tools	_____
Storage & Warehousing	_____
Supplies	_____
Telephone	_____
Utilities	_____
Veterinary, Breeding, & Meds	_____
Other	_____

*All veterinarians you pay more than \$600 throughout the year must receive a 1099

Total Expenses _____

