

2015**1040****US****Miscellaneous Questions**

If any of the following items pertain to you or your spouse for 2015,
please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes

No

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Did your marital status change during the year?

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Did your address change during the year?

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Could you be claimed as a dependent on another person's tax return for 2015?

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Do you and your spouse want to, or need to file separate returns?

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Are you in a domestic partnership, civil union, or other state-defined relationship?

DEPENDENTS☐☐

Were there any changes in the number or status of dependents this year?

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Could your dependent be claimed as a dependent on another person's return?

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Are you entitled to a dependency exemption due to a divorce decree?

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Did any of your dependents have income of \$5,000 or more (\$400 if self-employed)?

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Are any dependent children married and filing a joint return with their spouse?

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Did any dependent, age 19-23 attend school full-time for less than five months during the year?

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Were there any individuals living with you that you are not claiming as a dependent? (If yes, please explain)

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Did you provide over half the support for any other person other than your dependent ? (If yes, please explain)

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Do you have any dependents that are disabled? (If yes, please provide names.)

☐☐

Did you adopt a child or pay any expenses related to the adoption of a child during this year?

☐☐

Were any of your unmarried children who might be claimed as dependents, 19 years of age or older at the end of 2015

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Yes

No

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2015, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?

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Did you pay for child care or dependent care expenses, so that you and/or your spouse could work or continue your education?

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Did you pay into and/or receive pre-tax dependent care benefits through your employer?

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Did you have a stillborn child this year?

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Did you provide a home for a parent, parent, ancestral parent(s) that required assistance with activities of daily living?

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Did you pay more than \$800 in residential care, assisted living, or other medical costs for any Arizona resident aged 65 years old or older?

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Did you adopt a child this year?

☐☐

Did you pay any student loan interest on behalf of a dependent, your spouse or yourself?

☐☐

Did you not claim a dependent on your federal return, in order to allow your dependent to claim the federal education credit?

HEALTH CARE COVERAGE☐☐

Did you and your dependents have health care coverage for the full year?

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Is your family covered by a health insurance plan through your employer? If NO, provide amounts paid for each NON-covered individual on this organizer.

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If YES, is your share of the premiums deducted PRE-TAX from your paycheck?

☐☐

Did you receive any of the following IRS Forms Form 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer or Coverage)? If so, please provide a copy.

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If you or your dependent(s) DID NOT have health care coverage during the year, do you fall into one of the following exemption categories; Indian Tribe Membership, Health Sharing Ministry Membership, Religious Sect Membership, Incarceration, Exempt Non-Citizen or Economic Hardship? If you received an exemption certificate, please provide.

☐☐

Were you or your spouse self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? _____

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Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?
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INCOME

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income from any legal proceedings or cancellation of student loan debt?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any social security, unemployment, disability, gambling, jury duty, prizes or unreported tip income during this year? (Circle all that apply)
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income from gravel, timber, mineral, oil, gas, copyrights, or patent royalties?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income from the rental of a property? If so, we will need the income and expenses for each property broken down by property. Also on property by property basis we will need to know the type of property (SFR, MFR, Vacation/ST rental, commercial, land, royalties or self-rental). For each property, we will need to know the number of days rented at FMV and the number of days used personally.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment compensation? If yes, please provide the 1099-G.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive or pay any alimony*? (Which _____ In what amount \$ _____)
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*Please understand that child support is not taxable income nor is it deductible.

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income from a property sold prior to this year under an installment contract? Please provide details.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any Arizona Lottery winnings in 2015?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099-DIV?
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Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive compensation as a result of Active US Armed Services, National Guard or Reservist Service?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income or buy or sell property in any state other than your state of residence? Which state(s)?
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<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family receive a scholarship of any kind this year? (If YES, please provide the details.)
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PURCHASES, SALES, AND DEBT

<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, LLC, Estate/trust or REMIC? Please provide documentation.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, exchange, or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If yes, please provide all details.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2016?
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<input type="checkbox"/>	<input type="checkbox"/>	Were you granted any restricted stock/stock options or did you exercise any stock options or dispose of any stock acquired under a qualified stock purchase plan?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, surrender, or sell any bonds for which you paid more or less than the face value? This would include those used to pay for higher education expenses.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you engage in any put or call transactions or other securities sales not reported on a Form 1099-B?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you close any open short sales, in 2015?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds, or other investment property in 2015?
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If assets have been sold, please provide information, so that we may determine the cost basis and date of purchase of the assets.

<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take out a home equity loan? If so, please provide a copy of the settlement statement (HUD) and Form 1099-S. If refinanced, please provide information as to the use of the funds.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases such as solar energy, wind energy, geothermal, or fuel cell energy?
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Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	Did you pay sales tax on the purchase of one or more new mobile homes, motor vehicles, or recreational vehicles? If so, please provide a copy of the bill(s) of sale. If the vehicle qualifies for a tax credit, please advise.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven? If so, please include related documents and any Forms 1099-C or 1099-A.
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<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?
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<input type="checkbox"/>	<input type="checkbox"/>	During this year, do you have any securities that became worthless?
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<input type="checkbox"/>	<input type="checkbox"/>	If you own any rental properties (commercial or residential), have you filed the required sales tax reports and required 1099s?
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<input type="checkbox"/>	<input type="checkbox"/>	If you own any rental properties (commercial or residential), have you done or would consider having a cost segregation study done for potential significant tax savings?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure or condemnation?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any Qualified Small Business Stock?
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RETIREMENT PLANS

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a profit-sharing, retirement plan, or individual retirement arrangement (including Traditional, 401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please provide Form(s) 1099-R.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, ROTH etc.)? In what amount(s)? _____ Date(s): _____
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a profit-sharing, retirement plan or individual retirement arrangement that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a pension distribution due to the death of a Public Safety Officer?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Achieving a Better Life Experience Account (ABLE). These contributions are not tax deductible, however the distributions are not taxable if used for qualified disability expenses?
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<input type="checkbox"/>	<input type="checkbox"/>	If it will benefit you, would you want to contribute to an IRA, SEP or SIMPLE IRA or to a ROTH IRA?
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Yes	No	
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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | If you typically do not qualify to contribute to a ROTH IRA due to income restrictions, would you want to contribute to a Non-deductible Traditional IRA for the purpose of converting to ROTH at a future time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or roll over any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a retirement distribution from a U.S. Government , Arizona State, or Local Government Pension? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take qualified reservist distributions due to the financial demands caused by being called to Active Military Service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take retirement distributions to pay medical expenses or to pay health insurance, as a result of being unemployed, or due to disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions from an estate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions due to total and permanent disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions after separation from your employer, after reaching age 55 or from a qualified government defined benefit plan after reaching age 50? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions as part of a qualified domestic relations order or distributions of dividends from an employee stock ownership plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions as part of a series of substantially equal payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions as a result of an IRS levy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions to purchase your first home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take retirement distributions to pay for qualified higher education expenses for you, your spouse, a child or a grandchild? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you or have you attained age 70 ½ in 2016? If so, please provide the value of all of your IRA accounts as of 12/31/2015. \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will your spouse or has your spouse attained age 70 ½ in 2016? If so, please provide the value of all of your spouses IRA accounts as of 12/31/2015. \$ _____ |

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Yes

No

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If you are self-employed, do you maintain a Money Purchase or Profit Sharing Plan? If so, please provide a copy of the 12/31/2015 investment account statement for your plan.

EDUCATION☐☐

Did you receive a distribution from a Education Savings Account, Section 529 plan, or a Qualified Tuition Program? If yes, please provide Form 1099-Q

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Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If yes, please provide all tax related forms. Which year of studies (freshman, sophomore, junior, or senior) was the student considered in 2015? Was the person(s) attending Full-Time or Part-Time _____?

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Did you incur any unreimbursed expenses working as a teacher, counselor, or principal for kindergarten through grade 12? If so, in what amount?

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Did you contribute to any Section 529 plan during 2015? **The Arizona deductible contribution limits are up to \$2,000 (Single or HOH) or \$4,000 (married filing jointly)** If so, in what amount(s)? _____ Date(s)

ITEMIZED DEDUCTIONS☐☐

Did you incur a loss because of damaged or stolen property?

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Did you work out of town for part of the year?

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Did you use your car on the job (other than to and from work)?

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Did you pay any deductible investment interest in 2015? This would be interest on a loan where you used the proceeds to purchase an investment; or interest on a loan that is secured by investment property, such as a margin loan from a securities brokerage firm

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Did you pay any property taxes on any real property? If yes, please provide information.

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Is your primary mortgage balance in excess of \$1,000,000 or a home equity loans in excess of \$100,000?

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Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?

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Did you or your mortgagee receive any mortgage assistance payments? If yes, please provide Form 1098-MA.

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Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	Do you have evidence to substantiate your charitable contributions? If NO, then a deduction is NOT allowed. For your non-cash charitable donation, an itemized list is required. Please use the Non-cash charitable contribution worksheet provided for any non-cash contributions over \$500
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any unreimbursed, out-of-pocket employment expenses?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have an expense account or allowance with your employer?. If YES, and you are claiming your expenses, list the totals of each category and any reimbursements received on the organizer.
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<input type="checkbox"/>	<input type="checkbox"/>	If YES, and you are NOT claiming your expenses, were your reimbursements received greater than your expenses?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out-of-pocket medical, dental, or prescription drug expenses not covered by health insurance or a flexible spending account? (Including copays etc...)
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<input type="checkbox"/>	<input type="checkbox"/>	Were either you or your spouse the beneficiary of COBRA premium assistance for any month in 2015?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any transportation (including mileage) or lodging expense to obtain medical care? (If YES, please indicate on the organizer).
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur expenses for any other medical supplies (hearing aids/batteries, eyeglasses, contact/supplies, medical devices/supplies/equipment, etc? (If YES, please indicate on the organizer).
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any personal property taxes (i.e. vehicle registration based on value, etc)? (If YES, please indicate on the organizer).
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any expenses related to seeking a new job, in the same field of work?
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ESTIMATED TAXES

<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2014 taxes to your 2015 estimated tax (instead of being refunded)?
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<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2015 taxes, do you want the excess applied to your 2016 estimated tax (instead of being refunded)?
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<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2016 taxable income and withholdings to be different from 2015? If so, please describe any anticipated changes:
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Yes No

CREDITS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a State Qualified Charitable Organization that provides Assistance to the Working Poor ? If so, please provide a copy of the receipt. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a State Foster Care Qualified Charitable Organization that provides Assistance with foster care ? If so, please provide a copy of the receipt. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a Public or Charter School for the support of Extracurricular Activities for Arizona tax credit of \$200 (single) or \$400 (married filing joint) ? If yes, how much did you contribute? \$ _____ ? Please provide a copy of the receipt. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to the Military Family Relief Fund for Arizona tax credit of \$200 (single) or \$400 (married filing joint) ? **Please note: this credit has an annual cap of one million dollars, once that amount is reached donations are no longer eligible for the credit, rather are charitable donations. Your receipt from ADVS will indicate if your contribution is credit or donation. If yes, how much did you contribute? \$ _____ Please provide a copy of the receipt. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a Private School Tuition Organization that provides Scholarships and/or Grants to Qualified Schools for the Arizona Tax Credit of up to \$535 (Single or HOH) or \$1,070 (married filing jointly) ? If yes, how much did you contribute? _____. Please provide a copy of your receipt. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a Certified School Tuition Organization that provides Scholarships and/or Grants to Qualified Schools for the Arizona Tax Credit of up to \$532 (Single or HOH) or \$1,064 (married filing jointly) ? If yes, how much did you contribute? _____. Please provide a copy of your receipt. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you invest in a Limited/General Partnership that provides Tax Credits or substantial first year tax deductions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive tax credit bonds in which the holder receives a tax credit in lieu of some or all of the interest on the bond? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a low-income Mortgage Interest Credit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make energy saving improvements to your home located in the United States? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your mutual fund or REIT pay taxes on your behalf for undistributed capital gains? |

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Yes

No

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Did you have a net increase for 2015 in full-time employment within a military reuse zone? If unsure, mark YES.

☐☐

Did you incur expenses in constructing a qualified environmental technology manufacturing facility?

☐☐

Did you or your company receive a credit for increased research activities for research conducted in Arizona

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Did you or your company install solar energy devices for personal, commercial, or industrial use?

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If you are involved in commercial agriculture, did you incur expenses to purchase tangible personal property that is primarily used in your trade or business, to control or prevent pollution?

☐☐

Did you or your company donate real property or improvements to an Arizona school district or Arizona charter school, for use as a school or as a site for the construction of a school?

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Did you have a net increase for 2015 in qualified employment positions in a healthy forest enterprise, net training and certified costs? If unsure, mark YES

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Did you receive a credit for purchase and installation of an agricultural water conservation system for your residence located in Arizona?

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Did you or your company install a solar hot water plumbing stub-out or electric vehicle recharging outlet in a house or dwelling unit you constructed?

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Did you employ a Temporary Assistance for Needy Families (TANF) recipient?

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Did you employ a member of the Arizona National Guard that was placed on Active Duty in 2015?

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Did you own a company that produced motion pictures, commercials, or other productions in Arizona?

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Did you produce electricity using qualified energy resources, in Arizona?

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Did you incur expenses for research and development costs associated with solar liquid fuel, in Arizona?

☐☐

Did you receive a certificate from the Arizona Commerce Authority and did your business have a net increase in qualified employment positions in Arizona?

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Did you make an investment in new renewable energy facilities that produce energy for self consumption using renewable energy resources if the power is used primarily for manufacturing or in an international operations center, in Arizona?

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Yes	No	
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make an investment in a Qualified Small Business in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any unused enterprise zone credits remaining in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any unused water conservation credits remaining in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any unused Qualified Health Insurance credits remaining in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any unused environmental technology facility credits remaining in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any unused military reuse zone credits remaining in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any unused recycling equipment credits remaining in 2015? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any unused increased research activities credits remaining in 2015? |

BUSINESS OWNERS (Schedule C, E)

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| <input type="checkbox"/> | <input type="checkbox"/> | Have you included in your gross receipts/sales on the organizer, all income reported to you on Forms 1099-Misc or 1099-K? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any business related payments of \$600 or more, during the year, for services, rents, or interest for which you were required to file Form 1099? (If Yes, were they filed _____)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you included in expenses on the organizer, all expenses you have reported to others on your Forms 1099 (for services, rents, and interest)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance any business loans? (If YES, please provide the closing statement- HUD). |
| <input type="checkbox"/> | <input type="checkbox"/> | If you collect sales taxes, is it included in your gross receipts/sales/rents on the organizer? (If YES, please indicate in that area that sales taxes are included) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you added, disposed of, or converted to personal use, any fixed assets used in your trade or business, rental or farm activity? (If YES, please provide the details or the additions or disposals). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you lease a vehicle which you used in your trade or business? (If YES, please provide the details) |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any change in the determining quantities, costs, or valuation between the opening and closing inventory? (If yes, please provide explanation). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any personal consumption of your business products, supplies, or inventory? (If YES, please provide the total value of all items consumed to be claimed as additional income or a reduction of expenses on the organizer). |

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Yes	No	
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| <input type="checkbox"/> | <input type="checkbox"/> | Have you reduced any business expenses by the personal use portion (i.e. utilities, phone, auto, real estate taxes, etc)? (If YES, please explain). |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have written documentation (mileage log) to support your vehicle mileage deduction? (If NO, a deduction is NOT allowed). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire, lease, or dispose of a vehicle used for business during this year? If yes, provide purchase/ sales contract, or lease agreement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you do any bartering during the year? (If YES, please explain). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay health insurance premiums for your employees this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you qualify to take the Work Opportunity Tax Credit? If yes, provide copies of certificates for employees of targeted groups and associated wages. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you operate your business in more than one state? If yes, please provide a list of the states in which you conducted business and provide a breakdown of the income and expenses by state. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use an area of your home <u>regularly</u> and <u>exclusively</u> for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you materially participate in the operations of the business during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was all of your investment in this activity at risk? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this business still in operation at the end of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any business rents, interest or management fees paid to a <u>related party</u> (parent, grandparent, child, grandchild, brother, sister, corporation or partnership)? (If YES, provide the amount and type of expenses for each person, including their SSN or EIN and the relationship to you.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have records to support travel, entertainment or gift expenses? The law requires that adequate records be maintained for travel, entertainment and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of the recipient(s). |

MISCELLANEOUS

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| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |

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Yes

No

☐☐

If you have an Arizona State refund, do you wish to make a voluntary gift to any of the state voluntary gift programs? If so, how much \$ _____ and to which program _____? **Understand this will reduce your refund and you will not be able to reduce the gift on a later amended return.**

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Did you pay any premiums for Long-Term Care Insurance?

☐☐

Did you contribute to a Long-Term Care Savings Account established under Arizona Law?

☐☐

Did you make or were you the recipient of any "below-market" or "interest-free" loans this year?

☐☐

Did you make any out-of-state purchases (by telephone, internet, mail, in person) that you did NOT pay state sales or use taxes on? (If YES, provide details on the organizer).

☐☐

Are you paying interest on a loan for a boat or recreational vehicle that has basic living accommodations, such as sleeping, restroom, and cooking facilities?

☐☐

Were you the victim of a Ponzi-type investment scheme?

☐☐

Are you in the business of farming or processing agricultural crops and did you provide qualified crop gifts to one or more charitable organizations located in Arizona?

☐☐

Did you purchase gasoline, oil, or special fuels for non-highway use vehicles? If yes, please provide the gallons of gasoline or special fuels used for off-highway business purposes. _____ gallons _____ type.

☐☐

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, foreign annuity or other financial account?

☐☐

Did you work outside of the US or pay any foreign taxes?

☐☐

Did you purchase a new alternative technology, electric, or other new vehicle?

☐☐

Did you incur expenses as an elementary or secondary educator?

☐☐

Did you make any large purchases or home improvements?

☐☐

Do you own shares of stock in a foreign corporation, or own property in a foreign country?

☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

2015	1040	US	Miscellaneous Questions
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Yes	No	
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you considered totally or partially blind? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive payments under a Medicare waiver program for caring for someone who lives in your home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new home after Jan 1st, 2009, close before Sept 30th, 2010, take the First Time Home Buyers Choice and then sell the home within 3 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare + Choice MSA or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of an account holder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any Arizona Long-term Care Insurance Premium payments, which are deductible on the Arizona return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any Arizona Long-term Health Care Savings Account contributions, which are deductible on the Arizona return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you registered as an Arizona sole proprietorship with the Arizona Department of Health Services to operate a nonprofit medical marijuana dispensary? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay Primary Mortgage Insurance Premiums (PMI) on a mortgage taken out after 12/31/2006? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees to whom you paid more than \$1,000 in any quarter, or \$1,900 in 2015 for domestic services performed in or around your home to individuals who could be considered household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make contributions to a Health Savings Account (HSA) this year or will you before April 15th? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have distributions from a Health Savings Account (HSA) this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you sold an asset/assets for which Bonus Depreciation or the IRS Section 179 deduction was not allowed on the state return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you withdraw from your Arizona County, City or School Retirement System contributions early? |

2015	1040	US	Miscellaneous Questions
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Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	In 2009 or 2010, did you make a special election on your federal return to include DOI income in connection with the reacquisition of a business debt instrument ratably over 5 years? Beginning with 2014 a one fifth portion would have been included in your federal returns and for the four years subsequent.
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<input type="checkbox"/>	<input type="checkbox"/>	In past years did you make a special election to defer DOI income under IRC section 108(i) over a period of 5 years? Arizona did not adopt this provision, therefore these amortized payment would excluded from Arizona income.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a federal or state pension? If so, please provide the Form 1099-R.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you pay medical expenses for someone you could not claim as a dependent?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a casualty loss (sudden, unexpected, and unusual in nature)?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a theft loss (including larceny, robbery and embezzlement)?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any investor expenses to produce, collect, conserve, manage, or maintain income-producing property or investments?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance a home loan, for which the points from the prior loan, have not been completely amortized?
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<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If so, please provide a copy of the notice or report
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<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to any one individual that totaled more than \$14,000, or any gifts to a trust?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you inherit or purchase any property in 2015? If yes, please provide details.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you go through bankruptcy proceedings?
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<input type="checkbox"/>	<input type="checkbox"/>	Have either you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, please provide the six digit PIN number. _____ Taxpayer _____ Spouse
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<input type="checkbox"/>	<input type="checkbox"/>	Do you have a trust as part of your overall estate and transfer planning?
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<input type="checkbox"/>	<input type="checkbox"/>	Has your trust been reviewed in the last three years?
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<input type="checkbox"/>	<input type="checkbox"/>	Do you or your spouse have a life insurance trust?
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<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
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<input type="checkbox"/>	<input type="checkbox"/>	Did your direct deposit banking information change in the last 12 months?
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2015

1040

US

Miscellaneous Questions

Yes

No

☐☐

Do either you or your spouse have any delinquent child or spousal support payments, student loans, or federal debt?

☐☐

If you owe federal or state taxes upon the completion of your returns, are you able to pay the balance due?

☐☐

Would you want to direct deposit your refund to a myRA Account? This is a retirement account offered through the Department of Treasury.

☐☐

Are you aware of any changes to your income, deductions and credits reported on **any prior year's returns** ?

☐☐

Do you think you qualify for any other Federal or State Tax expense deduction or credit, that is not listed here or discussed elsewhere in your Tax Organizer? Please provide details.

To the very best of my/our knowledge, the provided information is complete, correct, includes all income, deductions and other information necessary for the preparation of this year's income tax returns for which I/we have adequate records.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____