

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

| | TAXPAYER | SPOUSE |
|---|--|--|
| Last name | _____ | _____ |
| First name | _____ | _____ |
| Middle initial and suffix | MI _____ Suffix _____ | MI _____ Suffix _____ |
| Social security number | _____ | _____ |
| Occupation..... | _____ | _____ |
| Work phone/extension | _____ | _____ |
| Cell phone | _____ | _____ |
| E-mail address | _____ | _____ |
| Birthdate | MM/DD/YYYY _____ | MM/DD/YYYY _____ |
| Blind | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contribute to Presidential Election Campaign Fund | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Eligible to be claimed as a dependent on another return | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Street address..... | _____ | Apartment number _____ |
| City..... | _____ State..... _____ | ZIP code..... _____ |
| Home phone..... | _____ Foreign country | _____ |
| Fax..... | _____ Foreign phone | _____ |

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions.....
 4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... _____ Child's social security number..... _____
 5 Qualifying widow(er)
 Check the box for the year the spouse died 2013 2014

DEPENDENT INFORMATION

| Full Name (first name, middle initial, last name, suffix) | Social Security Number | **Code +Months in U.S. | Date of Birth *Not Citizen | 2015 Child Care Expense |
|--|------------------------|------------------------------|-------------------------------|----------------------------|
| | | | | Relationship |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | |

**** For the Dependent Code, enter the following:**
 L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
 * Check this box if dependent child is not a U.S. citizen or resident alien

General Questions

ORG3

PERSONAL INFORMATION

| | Yes | No |
|--|--------------------------|--------------------------|
| 1 Did your marital status change during 2015? If yes , explain | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. | <input type="checkbox"/> | <input type="checkbox"/> |
| Designee's Name ▶ Phone Number ▶ Personal Identification Number (5 digit PIN) ▶ | | |
| 3 Do you or your spouse plan to retire in 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2015 or 2016): Taxpayer: _____ Spouse: _____ | | |
| 6 Were you or your spouse a member of the U.S. Armed Forces during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPENDENT INFORMATION

| | Yes | No |
|---|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA, PENSION AND EDUCATION SAVINGS PLANS

| | Yes | No |
|---|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

| | Yes | No |
|--|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2015? (Attach copies of any escrow statements or Forms 1099.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Are you planning to purchase a home soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

| | Yes | No |
|---|--------------------------|--------------------------|
| 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | | | |
|-------------|---|--------------------------|--------------------------|
| 23 | Did you have foreign income or pay any foreign taxes in 2015 ? | Yes | No |
| 24 a | At any time during 2015, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2015? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Did you at any time during 2015, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | | | |
|-------------|---|--------------------------|--------------------------|
| 27 a | Did you and your dependents have health care coverage for the full year? | Yes | No |
| b | Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| c | If you or your dependents 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 attach..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 a | Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b | If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | | | |
|-----------|---|--------------------------|--------------------------|
| 31 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? If yes , please attach details | Yes | No |
| 32 | Did you start paying mortgage insurance premiums in 2015? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Did you purchase a motor vehicle or boat during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , attach documentation showing sales tax paid. | | |
| 34 | Did you purchase an energy efficient vehicle in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , enter year, make, model, and date purchased: _____ | | |
| 35 | Did you donate a vehicle in 2015? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 | What was the sales tax rate in your locality in 2015? _____ % State ID | | |
| 37 | Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 | Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 | If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach details. | | |
| 40 | Did you or your spouse participate in a medical savings account in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 | Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 | Did you pay any individual for domestic services in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 | Did you, your spouse, or your dependents attend post-secondary school in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 | Did a lender cancel any of your debt in 2015? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 | Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | | | |
|-----------|---|--------------------------|--------------------------|
| 47 | If your tax return is eligible for Electronic Filing, would you like to file electronically? | Yes | No |
| 48 | The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 49** If **yes**, please provide the following information:
- | | | |
|----------|---|--|
| a | Name of your financial institution | _____ |
| b | Routing Transit Number (must begin with 01 through 12 or 21 through 32) | _____ |
| c | Account number | _____ |
| d | What type of account is this? | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

| Part 1 Coverage | | | | | | | | | | | | | | | | |
|---|------------|----------------|-----------------|--------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015. | | | | | | | | | | | | | | | | |
| Name of covered individual(s) | SSN or DOB | Covered 12 mos | Exchange Policy | Exemption Received | Indicate which months each person was covered by MEC*: | | | | | | | | | | | |
| | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Beginning in 2014, most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2015 is the **GREATER OF 2%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2015 is \$325 per adult and \$162.50 per child, limited to a family maximum of \$975. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2015. The national average bronze plan amount is \$207 per month and limited to \$1,035 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.