

BROWN, ELLS & COMPANY
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It is a pleasure for us to assist you with your taxes. We have prepared this organizer as a checklist to help gather the information needed to properly prepare your tax returns. Per IRS regulations, it is necessary that you provide us with all tax documents you have received. Please include them when you return this organizer to us.

Name and address:

Daytime Telephone _____
 Evening Telephone _____
 Occupation - Taxpayer _____
 Occupation - Spouse _____
 E-mail address _____

Dependents:

Name	Birth Date	Relationship	College Tuition Y/N	Soc. Sec. #
Taxpayer	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT INFORMATION

1. Did you and your dependents have required **health insurance for the full year?** **Yes or No**
 Circle yes or no above. If no, please fill out the attached Health Insurance Coverage Form.
 Please attach any health insurance tax documents received (i.e. 1095-A, 1095-B, or 1095-C)
 2. Attach copies of all W-2's, 1099's and 1098 forms.
 3. If Brown, Ells did not prepare your income taxes last year, please attach copies of last years tax returns.
 4. If you bought or sold a rental property during the year, please attach copies of settlement sheets for the purchase and sale of the rental which was sold, and for the purchase of a new rental.
 5. Was an IRA contribution made by the Taxpayer? Traditional or Roth? (T or R) \$ _____
 6. Was an IRA contribution made by the Spouse? Traditional or Roth? (T or R) \$ _____
- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 7. Did your name or marital status change during the year? | _____ | _____ |
| 8. Are you being claimed as a dependent on another tax return? | _____ | _____ |
| 9. Are you or your spouse blind or permanently disabled? | _____ | _____ |
| 10. Did you carry forward or incur any adoption expense? | _____ | _____ |
| 11. Did anyone attend college or post-secondary school? | _____ | _____ |
| 12. Did you receive the First Time Homebuyer credit in 2008 | _____ | _____ |
| 13. Did you move to or from Colorado? (If Yes, provide dates and expenses) | _____ | _____ |
| 14. E-filing is required unless the taxpayer refuses - Do you want to file on paper? | _____ | _____ |
| 15. Do you want a refund direct deposited into your bank account? | _____ | _____ |
- If yes- Bank Name _____
 Account No?Type _____ Routing No _____

SALARY, WAGE & PENSION INCOME (Attach Forms W-2 and 1099-R):

<u>Employer's Name</u>	<u>Gross Salary/Pension</u>	<u>Federal Income Tax</u>	<u>State Income tax</u>	<u>City Taxes</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INTEREST INCOME (Attach 1099 Forms):

<u>Name of Payer</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DIVIDENDS (Attach 1099 Forms):

<u>Name of Payer/Amts</u>	<u>1a</u>	<u>1b</u>	<u>2a</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Penalty for early withdrawal _____

SALE OF REAL-ESTATE, STOCKS OR OTHER PROPERTY

(Attach 1099 Forms and Gain/Loss Reports):

<u>Description</u>	<u>Date Purchased</u>	<u>Date Sold</u>	<u>Sales Price</u>	<u>Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INCOME OR RECEIPTS:

Unemployment income: Taxpayer \$ _____ Spouse \$ _____

Social Security received by: Taxpayer \$ _____ Spouse \$ _____

Gambling income: (attach W-2G) _____

Rental Properties? List above, download and complete Rental Property Schedule from the Brown, Ells website.

Your Own Business? List above, download and complete Schedule C from the Brown, Ells website

S-Corps or Partnerships? List names above and attach the K-1 forms.

State Income Tax Refund? List state name(s) above and attach 1099-G(s)

ESTIMATED TAX & EXTENSION PAYMENT

For estimated tax payments towards this year's income taxes, please list dates & amounts:

<u>Date</u>	<u>Federal Amt</u>	<u>State Amt</u>	<u>Date</u>	<u>Federal Amt</u>	<u>State Amt</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any payments made with extensions? Federal Amt \$ _____ State Amt \$ _____

MEDICAL EXPENSES:

(Detailed Drug & Doctor amounts are not necessary)

	<u>Amount</u>		<u>Amount</u>
Drugs/Prescriptions	_____	Dental	_____
Doctors' Services	_____	Vision	_____
Chiropractic Services	_____	Long-Term Care	_____
Medical Insurance Premiums	_____	Other	_____
Use of auto for medical purposes (Number of miles) : _____			
Insurance recoveries attributable to above payments: _____			

TAXES PAID:

Real Estate Taxes: _____

Auto Ownership Tax ("OWN TAX"): _____

Sales Tax Paid on Major Purchases: _____

INTEREST PAID ON PERSONAL RESIDENCE (or 2nd HOME or FOR INVESTMENT PURPOSES):

If mortgage interest is to a private party we need their address and Social Security number.

<u>Mortgage Interest Paid to:</u>	<u>Amount</u>	<u>Mortgage Interest Paid to:</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
Mortgage Insurance Premiums	_____	_____	_____

CONTRIBUTIONS:

<u>To Whom:</u>	<u>Amount</u>	<u>To Whom:</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of miles driven for charitable work: _____

CHILD CARE EXPENSES:

If you incurred child care expenses which enabled you to be employed or a full time student, list the following:

<u>Name of childcare center/person:</u>	<u>Address</u>	<u>ID Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIGHER EDUCATION CREDITS and DEDUCTIONS: (Attach 1098-T forms)

<u>College attended:</u>	<u>Half-time or more? (Y or N)</u>	<u>Tuition / Addn'l Fees</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 I 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.