Geety, Blair & Araya, P.A.
8141 - J Telegraph Road
Severn, MD 21144
(410) 551-7601

January 6, 2016

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Dear __________________________,

As 2015 ends and the new year begins, it's time to start thinking about taxes again. We hope 2015 has been a happy and prosperous year for you.

Enclosed is your 2015 Tax Organizer which we will use in preparing your 2015 tax return(s). It summarizes your 2014 tax information and provides space for you to enter your 2015 data. A personalized list of necessary tax documents has been prepared based upon last year's return. As you receive your 2015 tax documents, please remove them from the envelopes and place them in the organizer envelope. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc.

When you have gathered all of your tax information, please contact our office to schedule an appointment to drop off your tax organizer and tax forms. Or you may use our drop box 24 hours a day or upload your organizer and documents to our portal on Secure Drawer. The portal can be accessed from our website. For assistance with the portal, please call our office. Our policy is to have you meet with a tax professional to review your returns prior to signing them. This can be in person or by telephone.

As always, we thank you for your referrals. We look forward to seeing you soon.

Katrina Geety, President & Certified Public Accountant
Christine Blair, Vice President & Enrolled Agent
Neb Araya, Vice President, Certified Public Accountant & Enrolled Agent
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2015
TAX ORGANIZER

Taxpayer Information

Last name .... ______
First name .... ______
Middle Initial.............. ______ Suffix......... ______
Social security number .... ______
Occupation .... ______
Work phone .... ______ Ext ... ______
Cell phone .... ______
E-mail address........... ______
Date of birth .... ______

Spouse Information

Last name.................. ______
First name .... ______
Middle Initial .... ______ Suffix......... ______
Social security number .... ______
Occupation.................. ______
Work phone................. ______ Ext ... ______
Cell phone .... ______
E-mail address .... ______
Date of birth .... ______

Address .... ______ Apartment number....... ______
City .... ______ State........... ______ ZIP Code....... ______
Home phone........ ______ Fax number .... ______

Dependent Information

First name / Last name	MI / Suffix	Social Security Number / Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense

Child and Dependent Care Provider Expenses

Name	Address	ID Number	Amount Paid

Education Tuition and Fees

Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid

Enter total 2015 qualified student loan interest.. ______

Attach Form(s) W-2 — Wages, Salaries, Tips and Other Compensation

Employer Name	2014 Amount

Attach Form(s) 1099-R — Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2014 Amount

Attach Form(s) SSA-1099 — Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099		
Railroad Retirement Benefits from Form RRB-1099		
Medicare B premiums withheld		
Medicare C premiums withheld		
Medicare D premiums withheld		

Attach Form(s) 1099-MISC — Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT — Interest Income

1099-INT Payer Name	2014 Amount

Attach Form(s) 1099-DIV — Dividend Income

1099-DIV Payer Name	2014 Amount

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G — Certain Government Payments, Schedule K-1s — Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G — Gambling or Lottery Winnings, Form(s) 1099-Q — Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

	Taxpayer	Spouse
Traditional IRA contributions made for 2015		
Roth IRA contributions made for 2015		
SEP, Keogh, Individual 401(k) or SIMPLE Contributions		

Medical and Dental Expenses

	2015 Amount	2014 Amount
Prescription medications		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes		
Other medical and dental expenses:		

Taxes

	2015 Amount	2014 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		

Interest Expenses

Home mortgage interest paid — Attach Form(s) 1098.

Lender's Name	2015 Amount	2014 Amount

Points paid on loan to buy, build or improve main home

Lender's Name	2015 Amount

Cash/Check/Credit Contributions

	2015 Amount	2014 Amount

Noncash Charitable Contributions

Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions

	2015 Amount	2014 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses		
Spouse educator expenses		
Tax return preparation fees		
Safe deposit box rental		
Gambling losses (to the extent of gambling income)		
Other expenses (list):		

		Yes	No
1	Did a lender cancel any of your debt in 2015? (Attach any Forms 1099-A or 1099-C)	☐	☐
2	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? If **yes,** please attach details	☐	☐
3	Did you purchase a motor vehicle or boat during 2015 ? If **yes,** attach documentation showing sales tax paid.	☐	☐
4	Did you purchase a hybrid or electric vehicle in 2015? If **yes,** enter year, make, model, and date purchased: ______	☐	☐
5	Did you donate a vehicle in 2015 ? If **yes,** attach Form 1098C	☐	☐
6	What was the sales tax rate in your locality in 2015 ? ______ % State ID ______		
7	Did your marital status change during 2015? If **yes,** explain: ______	☐	☐
8	Were you or your spouse permanently and totally disabled in 2015?	☐	☐
9	Do you have dependents who must file?	☐	☐
10	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2100?	☐	☐
11	Did you provide over half the support for any other person during 2015?	☐	☐
12	Did you incur adoption expenses during 2015?	☐	☐
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?	☐	☐
14	Did you receive any disability payments in 2015?	☐	☐
15	Did you receive tip income **not** reported to your employer?	☐	☐
16a	Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2015 ? If **yes,** attach closing or escrow statements, 1099-C or 1099-A forms	☐	☐
b	If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?	☐	☐
17	Did you incur any casualty or theft losses during 2015 ?	☐	☐
18	Did you incur any non-business bad debts?	☐	☐
19	Did you pay any individual for domestic services in 2015 ?	☐	☐
20	Did you buy or sell any stocks or bonds in 2015 ?	☐	☐
21	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	☐	☐
22	Did you incur any moving expenses? If **yes,** attach details	☐	☐
23	Did you receive any income not included in this Tax Organizer? If **yes,** please attach information.	☐	☐
24	Do you expect your income and deductions in 2016 to be the same as 2015 ? If **no,** attach explanation of changes expected.	☐	☐
25a	Did you and your dependents have health insurace coverage for the full year?	☐	☐
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	☐	☐

26 If you paid any alimony, enter recipient's SSN: ______ Alimony paid: ______

27 Enter your state of residence ...... **Taxpayer** ______ **Spouse** ______

Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?	☐	☐
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	☐	☐

If **yes,** please provide a voided check (not a deposit slip) if your bank account information has changed.

What type of account is this? ...... Checking ☐ Savings ☐

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

______

______

______

______

Health Insurance Coverage

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.

					Indicate which months each person was covered by MEC*:											
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	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.

State Information Worksheet

ORG60

GENERAL INFORMATION

		Taxpayer	Spouse
1	Enter your state of residence		

2 Check the appropriate box if:

		Taxpayer	Spouse
a	Full year resident	☐	☐
b	Part year resident	☐	☐
c	Nonresident	☐	☐

Date of entry: ________ Date of exit: ________

3 Resident locality: ________

4 County: ________ School district: ________ School district number: ________

		Taxpayer	Spouse
5	Check if disabled	☐	☐

STATE CREDITS

6	**Description/type of credit** (for example, solar energy, carpool)	**Code**	**Amount**
a			
b			
c			
d			
e			

VOLUNTARY STATE CONTRIBUTIONS

7	**Description/type of contribution** (for example, wildlife, cancer)	**Code**	**Amount**
a			
b			
c			
d			
e			

MISCELLANEOUS QUESTIONS

		Yes	No
8	Did you file a state return for 2014 ?	☐	☐
9	Do you want state forms and instructions sent to you next year?	☐	☐
10	Do you want any applicable penalty and interest calculated and added to the return?	☐	☐

11 How do you want your state refund (if any) applied?

a Refunded ☐ b Apply to 2016 estimates ☐ c Apply to 2016 taxes ☐

12 Additional state information: ________