

# **INCOME TAX ORGANIZER**

**2015 Tax Year**

**Annabi Accounting & Business Services**

**123 E. 9th St., Ste 321**

**Upland, CA 91786**

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**INSTRUCTIONS**

Use tab key to navigate from one block to another.  
 Use drop down menus when arrow box appears.  
 Complete all applicable shaded spaces.  
 Provide requested documents.  
 Contact us if you need assistance or have questions.

[annabicpa@gmail.com](mailto:annabicpa@gmail.com)  
[www.annabitax.com](http://www.annabitax.com)

**ITEMS YOU WILL NEED TO PROVIDE TO US**

- Your completed Personal Tax Organizer*
- 2 *All forms W-2, 1099, 1098 and final pay statement of the year, if available*
  - 3 *Copies of Schedule K-1 for partnership, S corporations, estates or trusts*
  - 4 *If you acquired or refinanced a home or other property, provide closing statement*
  - 5 *Copies of Letters of Authorization "Orders" showing combat zone employment*
  - 6 *If you are a new client, provide copies of tax returns for last 2 years filed*
  - 7 *Flight itineraries for any US travel if filing for foreign income exclusion*

**STEP 1 TAX RETURN QUESTIONS**

*The following items may affect your tax return. Please answer carefully.*

*If you answer "yes" to any of the following questions, please be sure to complete the corresponding tab of organizer.*

YES	NO		
		1	Did your marital status change during the year? If yes, explain in notes. TAB 10
		2	Did your resident state change during the year? If yes, explain in notes. TAB 10
		3	Were you covered by health insurance throughout the year? TAB 1
		4	Were there any changes in dependents? TAB 2
		5	Did you pay any care expenses for a dependent who was either disabled or under age 13? TAB 2
		6	Did you contribute to a state college tuition program for yourself, spouse or dependent? TAB 2
		7	Did you pay any college tuition or other expenses for yourself or your dependents? TAB 2
		8	Did you purchase, refinance or sell your principal home, second home, or rental property? (send closing docs)
		9	Did you ever receive the First -Time Homebuyer's Credit for a home? If yes, explain in notes. TAB 10
		10	Did you have a foreclosure? (send 1099-C and/or 1099-A)
		11	Did you have any debt canceled? (send 1099-C)
		12	Did you sell any stocks, bonds or other investment property? (send realized gain/loss statement)
		13	Did you receive any miscellaneous income, such as from interest, dividends, gambling winnings, etc? TAB 4
		14	Did you own a business this tax year? TAB 8
		15	Did you own a rental property this tax year? TAB 9
		16	Did you have a farm this tax year? If yes, please contact us for a farm schedule.
		17	Are you a National Guard member or an Armed Forces Reservist and travel more than 100 miles and stay overnight to fulfill your duty?
		18	Did you have any out-of-pocket expenses associated with your job? TABS 5 & 6
		19	Did you have any job hunting expenses, such as agency fees, resume & portfolio costs, transportation costs for interviews, etc? TAB 6
		20	Did you pay storage fees during your US absence? TAB 5
		21	Did you have any out-of-pocket medical expenses that were not covered by insurance? Include medical, dental, and vision. TAB 6
		22	Did you contribute to or receive a distribution from an HSA? If yes, see notes. TAB 10
		23	Did you pay sales tax on any major purchases, such as a new vehicle, boat, ATV, or building materials? TAB 6
		24	Did you make any estimated payments for either your federal or state 2013 tax liabilities? TAB 7
		25	Did you own a foreign bank account or foreign investment account at any time during 2013? TAB 7
		26	Did you make any purchases online or out-of-state on which no sales tax was charged? TAB 10

**STEP 2 CUSTOMER REWARDS - REFERRAL PROGRAM**

Please tell us who referred you to our company

**Name**  
**E-mail**


**STEP 4 CLIENT INFORMATION**

	Marital Status as of 12/31/2015	
Taxpayer	First Name and initial	
	Last Name	
	Social security number	
	Occupation	
	Date of birth (MM/DD/YY)	
Spouse	First Name and initial	
	Last Name	
	Social security number	
	Occupation	
	Date of birth (MM/DD/YY)	
Current Mailing Address	Street Address	
	Apartment Number	
	City	
	State	
	Zip Code	
Taxpayer Contact Information	Home Phone	
	Work Phone	
	Mobile Phone	
	<b>E-mail Address</b>	
Spouse Contact Information	Home Phone	
	Work Phone	
	Mobile Phone	
	<b>E-mail Address</b>	
State Info	Resident State	
	County of Residence	
	School District or Locality	

**Note: Our tax professionals will determine your most correct and beneficial filing status.**

**STEP 5 DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT - CURRENT YEAR ONLY**

Do you want your refund directly deposited?	
Do you want your tax balance directly drafted?	
Bank Name	
Routing Number (9 Digits)	
Account Number	
Type of Account-Checking or Savings	

**PRIVACY POLICY**  
Policy can be read on last tab

**STEP 6 HEALTH INSURANCE INFORMATION (SEND FORM 1095-A, B, AND/OR C)**

	Covered entire year?	Insurance Policy Provider	Policy Number	If not covered all year, place X in the boxes to the right for each month COVERED	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Taxpayer																
Spouse																
<b>Dependents (List names below):</b>																

If any additional explanation is needed, please use box below.

2015

## INDIVIDUAL INCOME TAX ORGANIZER

## STEP 7 DEPENDENTS

	Dependent 1	Dependent 2	Dependent 3
First name			
Last name			
Date of birth			
Social security number			
Relationship (Select)			
Months lived with you this year			
Was dependent adopted in 2015?			
Claimed by taxpayer or spouse			
	Dependent 4	Dependent 5	Dependent 6
First name			
Last name			
Date of birth			
Social security number			
Relationship			
Months lived with you this year			
Was dependent adopted in 2015?			
Claimed by taxpayer or spouse			

## STEP 8 DEPENDENT CARE EXPENSES - FOR DEPENDENTS UNDER AGE 13 OR DISABLED AT END OF YEAR

<b>Dependent</b>	First name	
	Last name	
	Date of birth	
	Social security number	
	Qualified dependent care expenses	
	Disabled?	
<b>Dependent</b>	First name	
	Last name	
	Date of birth	
	Social security number	
	Qualified dependent care expenses	
	Disabled?	
<b>Provider</b>	Name of provider	
	Street Address	
	City, state, ZIP code	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2014	
<b>Provider</b>	Name of provider	
	Street Address	
	City, state, ZIP code	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2014	

**STEP 9 HIGHER EDUCATION INFORMATION**

	Student 1		Student 2		Student 3
First name					
Last name					
Social security number					
Completed 4 years of college before 2015?					
Amount of qualified tuition and fees paid					
Amount paid for course-related materials**					
Amount of scholarships/grants/GI Bill rec'd					
Student Loan Interest Paid in 2015					
Contributions to state prepaid tuition program					
Distributions from education account					

\*\*Course-related materials are those materials required to be purchased by the school.

**STEP 10 WAGES, SALARIES, AND TIPS**

**PLEASE PROVIDE COPIES OF ALL W-2s AND 1099s**

List All Employers For 2014	Taxpayer or Spouse	Income Earned in US or Overseas?	Wages (Box 1)

**STEP 11 PENSION AND IRA DISTRIBUTIONS**

**PLEASE PROVIDE COPIES OF ALL 1099-Rs**

Name of Payer	Taxpayer or Spouse	Gross Distribution (Box 1)	Taxable Amount (Box2)	Distribution Code (Box 7)

**STEP 12 GAMBLING WINNINGS (W-2G)**

Name of Payer	Taxpayer or Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)

**STEP 13 GAMBLING LOSSES & WINNINGS (NON W-2G)**

	2014 Amount	Taxpayer or Spouse
Total Gambling Losses		
Gambling winnings not reported on Form W-2G		

**STEP 14 INTEREST INCOME**

**PROVIDE ALL 1099-INT**

Name of Financial Institution	Taxpayer, Spouse, or Joint	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	X=Foreign Bank Account
		Banks, S&Ls, FCUs (Box1)	Seller Financed Mtg (Box 1)	US. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Muni-bonds (%)		

**STEP 15 DIVIDEND INCOME**

**PROVIDE ALL 1099-DIV**

Name of Financial Institution	Taxpayer, Spouse, or Joint	Dividend Income				Tax Exempt		Foreign Tax Paid (Box 6)
		Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	US Bonds (%)	Total Municipal Bonds	In-state Muni-bonds (%)	

**STEP 16 MISCELLANEOUS INCOME**

	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)		
Medicare premiums paid (SSA-1099)		
Alimony received		
Jury duty pay		
Alaska permanent fund dividends		
Royalties		

**STEP 17 STATE REFUNDS / UNEMPLOYMENT COMPENSATION**

Name of Payer (PROVIDE 1099-G)	Taxpayer or Spouse	Unemployment Compensation (Box 1)	State or Local Refund (Box 2)

**STEP 18 FOREIGN EARNED INCOME EXCLUSION (FORM 2555)**

**GENERAL INFORMATION FOR TAXPAYER**

<b>Taxpayer Street Address Overseas</b>	
Street Address or APO Address	
City	
Postal Code	
Country	
Name of Employer	
First full day overseas?	

**TAXPAYER**

**TRAVEL INFORMATION - TRIPS TO USA OR US POSSESSION OR TERRITORY (SEND FLIGHT ITINERARIES)**

Please enter all travel for 2015 as well as travel for 2015 known to date and estimated. Use MM/DD/YY format for all dates entered.  <i>*The IRS counts full foreign days NOT full US days</i>	Date left foreign country	Date arrived in USA	Date left USA	Date arrived in foreign country

**GENERAL INFORMATION FOR SPOUSE (USE ONLY IF SPOUSE WORKED OVERSEAS)**

<b>Spouse Street Address Overseas</b>	
Street Address or APO Address	
City	
Postal Code	
Country	
Name of Employer	
First full day overseas?	

**SPOUSE**

**TRAVEL INFORMATION - TRIPS TO USA OR US POSSESSION OR TERRITORY (SEND FLIGHT ITINERARIES)**

Please enter all travel for 2014 as well as travel for 2015 known to date and estimated. Use MM/DD/YY format for all dates entered.  <i>*The IRS counts full foreign days NOT full US days</i>	Date left foreign country	Date arrived in USA	Date left USA	Date arrived in foreign country

**List Any Unreimbursed Employee Expenses Related to Foreign Employment**

These are the items required by your employer to do your job.

**Current Calendar Year Only**

Description	Amount
Foreign Housing Expenses	
Foreign Taxes Paid during 2014	
Storage fees during US absence	
Computer, hardware, software, accessories	
Office supplies	
Safety gear & supplies	
Phone	
Internet	
Other expenses (list):	

Go to next tab



**STEP 19 ITEMIZED DEDUCTIONS**

<b>MEDICAL AND DENTAL EXPENSES</b>		<b>TAXPAYER</b>	<b>SPOUSE</b>
Prescription medicines			
Doctors, dentists and nurses			
Hospital and nursing homes			
Insurance-health/vision/dental (after tax dollars only)			
Insurance-long term care			
Medical lodging and transportation			
Medical miles driven			
<b>DEDUCTIBLE TAXES</b>		<b>TAXPAYER</b>	<b>SPOUSE</b>
Sales tax paid on major purchases (auto, boat, RV, etc.)			
Real estate taxes - principal residence			
Real estate taxes - property held for investment			
Personal property taxes (car tags)			
Other taxes			
<b>INTEREST PAID</b>		<b>TAXPAYER</b>	<b>SPOUSE</b>
Home mortgage interest (Box 1) on form 1098			
Home mortgage points (Box 2) on form 1098			
Mortgage interest not reported on form 1098			
Points not reported on form 1098			
Mortgage insurance premiums			
<b>CHARITABLE CONTRIBUTIONS</b>		<b>TAXPAYER</b>	<b>SPOUSE</b>
Contributions by cash or check			
Volunteer expenses (out-of-pocket)			
Number of charitable miles			
Total noncash contributions of \$500 or less			
If total noncash contributions are greater than \$500 provide the following:			
<b>Property 1</b>	Name of charitable organization		
	Address		
	Property description		
	Date of contribution		
	Donor's cost or basis		
	Date acquired		
	Fair market value		
	Method used to determine Fair Market Value		
<b>Property 2</b>	Name of charitable organization		
	Address		
	Property description		
	Date of contribution		
	Donor's cost or basis		
	Date acquired		
	Fair market value		
	Method used to determine Fair Market Value		

*Note: It is not necessary to split out taxpayer & spouse amounts if you plan on filing a joint return. List under one or the other, but do not duplicate amounts*

MISCELLANEOUS DEDUCTIONS	TAXPAYER	SPOUSE
Union and professional dues		
Professional subscriptions		
Employment agency fees		
Investment expense		
Tax return preparation fee paid during 2014		
Safe deposit box rental		
K-12 Educator expenses (for employees of a school)		
Professional/Continuing education		
Other deductions (list)		

**STEP 20 INDIVIDUAL RETIREMENT PLAN CONTRIBUTIONS (TRADITIONAL IRA, ROTH, SEP)**

Account Type	Taxpayer or Spouse	Amount of contribution made for 2015

*These types of retirement plans may provide tax deductions, but are subject to eligibility requirements and contribution limits. 2015 contributions are allowed through 4/15/2016. Contact us to determine your eligibility.*

**STEP 21 ALIMONY**

	Paid by Taxpayer	Paid by Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount Paid		

**STEP 22 2014 ESTIMATED TAX**

Federal	Amount Paid	Date Paid
Overpayment applied from 2013		
1st quarter payment (due 4/15/15)		
2nd quarter payment (due 6/16/15)		
3rd quarter payment (due 9/15/15)		
4th quarter payment (due 1/15/16)		
Additional estimated tax payments		
State	Amount Paid	Date Paid
Overpayment applied from 2014		
1st quarter payment (due 4/15/15)		
2nd quarter payment (due 6/16/15)		
3rd quarter payment (due 9/15/15)		
4th quarter payment (due 1/15/16)		
Additional estimated tax payments		

**STEP 23 FOREIGN ASSETS**

List information on any foreign assets valued at \$10,000 or more at any time during 2015.

Include checking, savings, retirement, and investment accounts, and ownership in foreign corporations.

Asset Type	Individual/Joint Ownership	Account Number	Name of Financial Institution/Corporation	Address of Financial Institution/Corporation	Maximum Value During 2014	Value as of 12/31/2014

**STEP 24 BUSINESS INCOME**

<b>GENERAL INFORMATION</b>	
Principal business / profession	
Business name	
Business address	
City, state, zip code	
Employer identification number	
Taxpayer, Spouse or Joint ownership	
First schedule C filed for business	
Did you issue 1099s or W2s for 2015?	
Did you maintain an inventory of products for resale during 2015?	
<b>INCOME</b>	
Gross Receipts	
<b>EXPENSES</b>	
Accounting	
Advertising	
Answering service	
Bad debts from sales or service	
Bank charges	
Commissions	
Contract Labor	
Delivery and freight	
Dues and subscriptions	
Employee benefit programs	
Insurance (other than health)	
Mortgage interest (paid to banks, etc.)	
Other interest (not entered elsewhere)	
Janitorial	
Laundry and cleaning	
Legal and professional	
Office expense	
Outside services	
Parking and tolls	
Pension and profit sharing plans - contributions	
Pension and profit sharing plans - admin. and education costs	
Postage	
Printing	
Rent - vehicles, machinery, & equipment	
Rent - other	
Repairs	
Security	
Self-Employed health insurance	
Supplies	
Taxes - real estate	
Taxes - payroll	
Taxes - sales tax included in gross receipts	
Taxes - other (not entered elsewhere)	
Telephone	
Tools	
Travel	
Total meals and entertainment in full (50%)	
Department of Transportation meals in full (80%)	
Uniforms	
Utilities	
Wages	
Other expenses: (List below)	
<b>Total Expenses</b>	<b>\$ -</b>

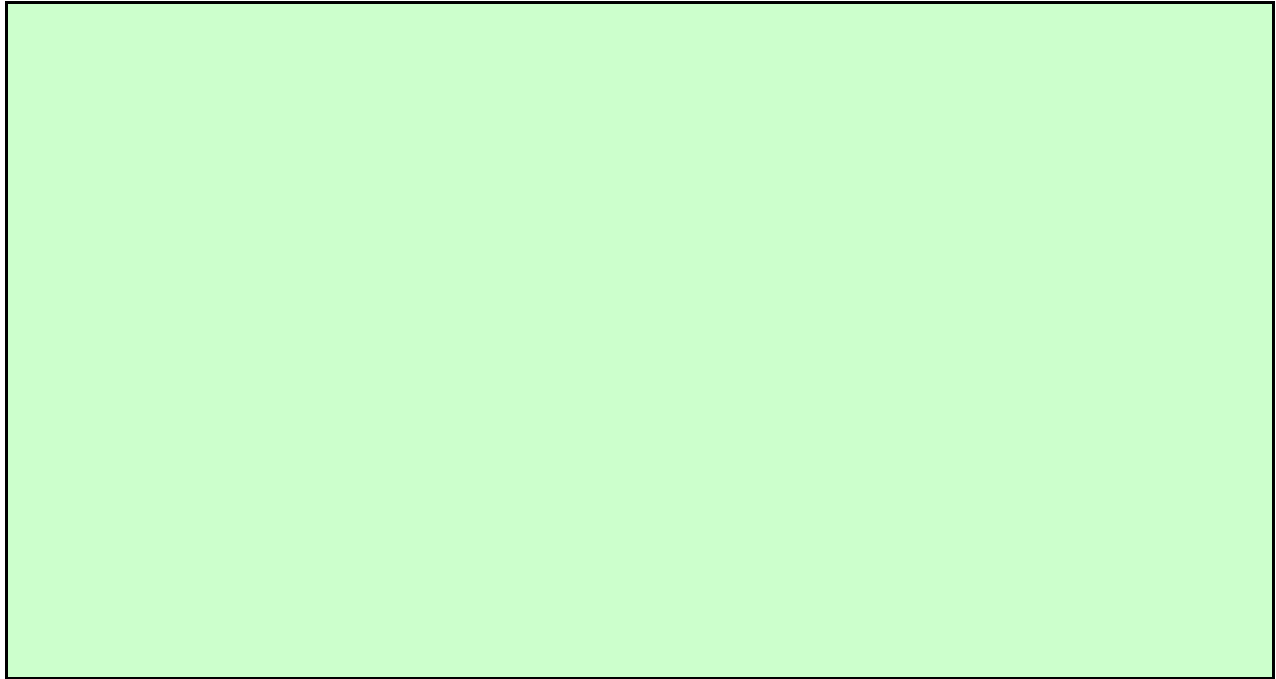
For expenses greater than \$500, please provide an explanation on TAB 10

<b>Automobile Information (Business-Use Only)</b>	
Description of vehicle (year, make, model)	
Car and truck expenses (not entered elsewhere)	
Number of business miles driven in 2015	
Total number of miles driven in 2015 (business & personal)	
<b>Assets Purchased:</b>	
Description	
Date placed in service	
Cost	

**STEP 25 RENTAL PROPERTY**

GENERAL INFORMATION		
Property 1		
Kind of property		
Location of property - address		
City, state, and ZIP code		
Percentage of ownership		
Purchase price		
Value of land included in purchase price		
Date first available for rent		
Fair market value on this date		
Date purchased		
Taxpayer, spouse or joint ownership		
Property 2		
Kind of property		
Location of property - address		
City, state, and ZIP code		
Percentage of ownership		
Purchase price		
Value of land included in purchase price		
Date first available for rent		
Fair market value on this date		
Date purchased		
Taxpayer, spouse or joint ownership		
<b>NOTE: Provide total rent income received, even if not on a form 1099-MISC.</b>		
INCOME	Property 1	Property 2
Rents Received (See form 1099-MISC, box 1)		
DIRECT EXPENSES		
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Security/Alarm System		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other expenses: (List below)		
<b>Total Expenses</b>	\$ -	\$ -
<b>Assets Purchased:</b>		
Description		
Date placed in service		
Cost		

For expenses greater than \$500, please provide an explanation on TAB 10

**PRIVACY NOTICE**

**THIRD PARTY SERVICE PROVIDER** - We DO NOT use third-party service providers. Confidentiality of your information is maintained under agreements that meet professional and government guidelines, as well as our privacy policy.

**KENNZ LLC dba Annabi Accounting & Business Services Privacy Policy** - We are now required by law to inform our clients of our policies regarding privacy of client information. We have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

**PARTIES TO WHOM WE DISCLOSE INFORMATION** - For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees or to unrelated third parties who need to know that information to assist us in providing services to you to complete your tax return. In all such situations, we stress the confidential nature of information being shared.

**PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS'**

**INFORMATION** - We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with professional standards.

YES		CHECKING			
NO		SAVINGS			
		RETIREMENT			
		INVESTMENT			
		CORPORATION			
CHECKING					
SAVINGS		INDIVIDUAL			
		JOINT			
DAUGHTER					
SON		SINGLE			
MOTHER		MARRIED FILING JOINTLY			
FATHER		MARRIED FILING SEPARATELY			
NIECE		WIDOWED			
NEPHEW		DIVORCED (FINAL AS OF 12/31/2014)			
SISTER		T			
BROTHER		S			
OTHER		J			
US		TAXPAYER			
OVERSEAS		SPOUSE			
BOTH		JOINT			
TAXPAYER					
SPOUSE					
TRADITIONAL IRA					
ROTH IRA					
SEP					



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