

JOYNER, KIRKHAM, KEEL & ROBERTSON, P.C.
2015 INDIVIDUAL TAX ORGANIZER

Please provide a copy of your 2014 federal and state tax returns, and complete pages 1 through 3.
 Other pages: complete only those sections that apply to you.

Taxpayer Name _____ SS# _____ Occupation _____ Birth Date _____
 Spouse Name _____ SS# _____ Occupation _____ Birth Date _____
 Address _____ City _____ State _____ Zip _____ County _____
 Home Tel. No. _____ Business Tel. No. (T*) _____ Business Tel. No. (S*) _____
 Primary E-mail address _____ Secondary E-mail address _____

*T = Taxpayer S = Spouse J = Joint

DEPENDENT CHILDREN WHO LIVED WITH YOU:

Full Name	Social Security Number	Relationship	Birth Date

OTHER DEPENDENTS:

Full Name	Social Security Number	Relationship	# Months Resided in Your Home	% Support Furnished By You

Do you want to allow the IRS to discuss your return with the preparer? ___ Yes ___ No

Please answer the following questions and submit details for any questions answered "Yes":

		Yes	No
1.	Any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? If yes, provide details.		
2.	Are you entitled to a dependency exemption due to a divorce decree?		
3.	Did any of your dependents have income of \$1,000 or more (\$400 if self-employed)?		
4.	Did any of your dependent children have investment income of over \$2,000? If yes, do you want to include your child's income on your return?		
5.	Are any dependent children married and filing a joint return with their spouse?		
6.	Did any dependent child ages 19-23 attend school less than 5 months during the year?		
7.	Did you receive funds from any legal proceedings or cancellation of debt during the year?		
8.	Did you make any gifts during the year directly or in trust exceeding \$14,000 per person?		
9.	Did you have any interest in or signature authority over a bank, securities, or other financial account in a foreign country?		
10.	Were you a resident of, or did you earn income in, more than one state during the year?		
11.	Do you wish to contribute to any state fund? If yes, attach list of fund(s) & amount per fund.		
12.	Do you expect a large fluctuation in your income, deductions or withholding next year?		
13.	Did you contribute to a Roth IRA or a regular IRA in 2015?		
14.	Did you "convert" IRA funds into a Roth IRA? Provide details (1099R).		
15.	Did you receive an IRA distribution, which you did not roll over? Provide details (1099R).		
16.	Did you receive a 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?		
17.	Did you withdraw any amounts from your IRA to pay for higher education expenses?		
18.	Did you withdraw any amounts from your IRA to acquire a principal residence?		

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		Yes	No
19.	Do you want any federal or state refund deposited directly into your bank account? If yes, enclose a voided check for the bank account.		
20.	Do you want any balance due directly withdrawn from this same bank account on the due date? If yes, enclose a voided check.		
21.	Do you want any overpayment of taxes applied to next year's estimated taxes?		
22.	Did you sell and/or purchase a principal residence or other real estate? Provide Settlement Sheets (HUD-1) and Form 1099-S. <u>Check</u> here if you ever rented or used for business? <input type="checkbox"/>		
23.	Did you receive income from tax-exempt securities?		
24.	Did you receive, or pay, any Alimony during the Year? If yes, provide details (Page-----).		
25.	Did you have any installment sales during the year or collections from prior year sales?		
26.	Did you have any worthless securities or any loans that became uncollectible this year?		
27.	Did you receive unemployment compensation in 2015? If yes, provide Form 1099-G.		
28.	Did you have any casualty or theft losses during 2015?		
29.	Did you receive any disability payments in 2015? Did you have any taxable distributions from an ABLE account?		
30.	Has the IRS or any other taxing agency notified you during 2015 or 2016 of changes to a prior year's tax return? If yes, please provide a copy of the notice(s).		
31.	Were you granted any stock options, exercise any stock options or dispose of any stock acquired from an option exercise or qualified employee stock purchase plan? If so, provide details.		
32.	Were you granted any restricted stock? If yes, provide details.		
33.	Did you purchase gasoline, oil, or special fuels for off highway business use vehicles?		
34.	If you or your spouse has self-employment income, did you pay any health insurance or long-term care premiums? If yes, were you or your spouse eligible to participate in an employer's health insurance plan? If yes, show below how many months that you were covered in 2015: _____		
35.	Did you and all members of your household maintain minimum essential health coverage for all of 2015? If yes , enclose documentation such as Form 1095-A, <i>Health Insurance Marketplace Statement</i> , statement of coverage from your employer, or medical bill showing payments by an insurance company, insurance card, and Medicare card. If no , but you and all members of your household were covered for part of 2015, provide documentation showing the months covered.		
36.	If you or your household did not maintain minimum essential health coverage, then, Were you offered coverage through your or your spouse's employment that you declined? If yes, did the coverage offer minimum value and was it affordable? Were you or any member of your household eligible for Medicare or Medicaid but did not enroll?		
37.	Did you and your family receive any advance premium tax credits? If yes, enclose Form 1095-A, Health Insurance Marketplace Statement.		
38.	Did you or your spouse have any transactions pertaining to either a health savings account (HSA) or a medical savings account (MSA)? If yes and you received a distribution from either one, then include all Forms 1099-SA.		
39.	If you have self-employment income, do you want to contribute to a retirement plan?		
40.	Did you surrender any U.S. savings bonds?		
41.	Did you use the proceeds from Series EE U. S. savings bonds purchased after 1989 to pay for higher education expenses?		
42.	Did you realize a gain on property which was taken from you by destruction, theft, seizure or condemnation?		
43.	Did you pay for any higher education expenses during 2015?		
44.	Did you make contributions to a College Savings Plan this year or a prior year?		

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		Yes	No
45.	Did you start a business, or did you purchase rental property during 2015?		
46.	Did you acquire interests in partnerships, LLCs, S corporations, estates or trusts in 2015? If so, provide the Schedule K-1 that the organization has issued to you.		
47.	Do you have records to support travel and entertainment expenses? The law requires that adequate records be maintained for travel and entertainment expenses. The documentation should include: amount, time and place, date, business purpose, description of any gift(s), and business relationship of recipient(s)		
48.	Did you incur expenses as an elementary or secondary educator? If so, how much?		
49.	Did you purchase an energy-efficient or other new vehicle? If yes, provide purchase invoice.		
50.	Did you pay any household employee over age 18 wages of \$1,900 or more? If yes, provide copy of Form W-2 issued to each household employee. If yes, did you pay total wages of \$1,000 or more in any calendar year quarter to all household employees combined?		
51.	Have you been a victim of identity theft in prior years? If so, have you been assigned a federal IP PIN? Please contact us.		

Information Required for Direct Deposit of Refund /ACH Debit Account Information

Attach copy of voided check and indicate the following:

Type of account Checking Savings

Owner of account Taxpayer Spouse Joint

Wages, Salaries and Other Employee Compensation - Enclose all W-2 Forms.

Social Security Benefits Received – Enclose all SSA-1099 Forms.

Pension and Annuity Income – Enclose all Forms 1099-R

		Yes	No
1.	Did you receive a lump sum distribution from your employer?		
2.	Did you “convert” a lump sum distribution into another plan or IRA account?		
3.	Did you transfer IRA funds to a Roth IRA this year?		
4.	Taxpayer: Have you elected a lump sum treatment after 1986?		
5.	Spouse: Have you elected a lump sum treatment after 1986?		

Interest Income - Enclose all 1099-INT forms and statements of tax exempt interest earned. If not available, complete the following (attach additional pages if needed):

TSJ*	Name of Payer per 1099 or Statement	Banks, S & L, Etc.	Seller Fin. Mtg.	U.S. Bonds, T-Bills	<u>Tax-Exempt</u> VA	<u>Tax Exempt</u> Other State
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

Dividend Income - Enclose all 1099-DIV Forms and statements of tax exempt dividend earned. If not available, complete the following (attach additional pages if needed):

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TSJ*	Name of Payer per 1099 or statement	Box 1a Ordinary Dividends	Box 1b Qualified Dividends	Total Capital Gains	Non Taxable	Federal Tax Withheld	Foreign Tax Withheld
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

Miscellaneous Income and Adjustments - List and **enclose** related forms 1099 or other forms.

Description	Amount
State and local income tax refund(s)	\$
Alimony received	\$
Jury fees	\$
Other income - Specify:	\$
Student loan Interest paid	\$
Other adjustment - Specify:	\$

INCOME FROM BUSINESS OR PROFESSION

Who owns this business? Taxpayer Spouse Joint

Principal business or profession _____

Business Name _____

Business taxpayer identification number _____

Business address _____

Check method used to value **closing inventory**:

_____ Cost _____ Lower of cost or market _____ Other (describe) _____ N/A _____

Check **accounting method**:

_____ Cash _____ Accrual _____ Other (describe) _____

Please answer the following questions about your business:

		Yes	No
1.	Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation.		
2.	Do you have expenses for the business use of your home? If yes, complete schedule, "Office in Home".		
3.	Did you materially participate in the operation of the business during the year?		
4.	Was all of your investment in this activity at risk?		
5.	Were any assets sold, retired or converted to personal use during the year? If yes, then attach list of assets sold including date acquired, date sold, sales price, basis and gain or loss.		
6.	Were any assets purchased during the year? If yes, attach list, including date placed in service and purchase price, including trade-in. Include copies of the purchase invoices		
7.	Was this business still in operation at the end of the year?		

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		Yes	No
8.	List the states in which business was conducted -		
9.	Did you file business license and or personal property tax returns for this business?		
10.	Did you make any payments during the year that would require you to file Form(s) 1099? If yes, did you file the forms?		
11.	Did you have employees? If yes, provide copies of Federal and state reports, including W-2/W-3, 940 and 941.		
12.	Do you have a Health Reimbursement Arrangement, or otherwise reimburse your employees for medical expenses or health insurance premiums?		

Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule or worksheet for each business.

Description	Amount
Part I - Income	
Gross receipts or sales	\$
Returns and allowances	\$
Other income (list type and amount)	\$
	\$
Part II - Cost of Goods Sold	
Inventory at beginning of year	\$
Purchases less cost of items withdrawn for personal use	\$
Cost of labor (Do not include salary paid to yourself)	\$
Materials and supplies	\$
Other costs (List type and amount)	\$
	\$
Inventory at end of year	\$
Part III - Expenses	
Description	Amount
Advertising	\$
Car and truck expenses (Complete auto expense schedule starting at page 11)	\$
Commissions and fees	\$
Depreciation and S	\$
Employee benefit programs (other than pension and profit sharing plans shown below)	\$
Insurance (other than health)	\$
Mortgage interest (paid to banks, etc.)	\$
Other interest	\$
Legal and professional services	\$
Office expense	\$

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Pension and profit-sharing plans (employee's portion only)	\$
Rent - Vehicles, machinery, and equipment	\$
Rent - Other business property	\$
Repairs and maintenance	\$
Supplies	\$
Payroll taxes (Enclose copies of payroll tax returns)	\$
Other taxes (List type and amount):	
	\$
Travel	\$
Meals and entertainment	\$
Utilities	\$
Wages (enclose copies of W-3/W-2, 940 and 941 forms)	\$
Other expenses (list type and amount):	
	\$
	\$

OFFICE IN HOME

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business, a place where you meet with clients, or if no other place is available, used by you for substantial administrative activities. If business use of home relates to day care, provide total hours of business operation for the year. Provide the following information:

Business or activity for which you have an office	Total area of the house (Square feet)	Area of business Portion (Square feet)	Business percentage

I. Depreciation

	Date Placed in Business Use	Cost/Basis	Method	Life	Prior Depreciation	Current Expense
Home		\$				
Land		\$				
Total Purchase Price		\$				
Improvements (Provide details)		\$				

II. Expenses to Be Prorated:

Mortgage interest _____
Real estate taxes _____
Utilities _____
Property insurance _____
Other expenses – itemize (description/amount) _____

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III. Expenses That Apply Directly To Home Office:

Telephone (not to include basic charge for first line into the home) _____

Maintenance _____

Other expenses - itemize (description/amount) _____

Capital Gains and Losses - Enclose all 1099-B and 1099-S Forms.

Even if you wish us to complete the following schedule or provide a worksheet, furnish all your brokerage account statements and transaction slips.

List sales reported to you on Forms 1099-B and 1099-S (**enclose** all Forms 1099-B and 1099-S):

Description	Date Acquired (Very Important)	Date Sold (Very Important)	Gross Sales Price Less Commission	Cost or Basis	Gain (Loss)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Enter the sales **NOT** reported on forms 1099-B and 1099-S:

Description	Date Acquired (Very Important)	Date Sold (Very Important)	Sales Proceeds	Cost or Basis	Gain (Loss)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

SALE/PURCHASE OF PERSONAL RESIDENCE

Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

Also provide Form 1099-S on sale of home.

If you have previously sold a residence, enter date of the last sale _____.

Enter the date you moved into new residence _____.

If you moved to Virginia from another state, enter date moved to VA _____.

List below the improvements made and their costs (to the residence sold):

Description	Amount
	\$
	\$
	\$

For sale of personal residence, did you own and live in it for 2 out of the 5 years prior to sale:

Yes ___ No ___

Did you ever use the residence that was sold for business purposes or as a rental property?

Yes ___ No ___

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MOVING EXPENSES

Did you change your residence during this year incident to a change in employment, transfer, or self-employment? Yes ___ No ___

If "yes," furnish the following information:

Number of miles from your former residence to your new business location _____ Miles

Number of miles from your former residence to your former business location _____ Miles

Did your employer reimburse or pay directly any of your moving expenses? Yes ___ No ___

If "yes," enclose employer-provided itemization of expenses reimbursed and note the amount of reimbursement received. \$ _____

Itemize below the total moving costs you paid without reduction for any reimbursement by your employer.

Expenses of moving from old to new home:

 Transportation expenses in moving household goods and family \$ _____

 Cost of storing and insuring household goods \$ _____

RENTAL INCOME - Complete a separate schedule for each property.

1. Description and location of property _____

2. Residential property? Yes ___ No ___

3. Personal use? Yes ___ No ___

If "yes," please complete the information below.

 Number of days the property was occupied by you, a member of the family, or any individual not paying rent at the fair market value. _____

 Number of days the property was not occupied. _____

 If not occupied, was it available for during this time? Yes ___ No ___

 Number of days the property was rented. _____

4. Did you actively participate in the operation of the rental property during the year? Yes ___ No ___

5. a) Were more than half of personal services that you or your spouse performed during the year performed in real property trades or businesses in which you materially participated? Yes ___ No ___

 b) Did you or your spouse perform more than 750 hours of services during the year in real property trades or businesses in which you materially participated? Yes ___ No ___

6. Did you make any payments during the year that would require you to file Form(s) 1099? Yes ___ No ___

 If yes, did you file the Form (s) 1099? Yes ___ No ___

Enter in the chart below the income and expenses for each rental property (make copies of this page if necessary).

Income:			
Rents received	\$	Other income	\$
Expenses:			
Mortgage interest	\$	Legal and other professional fees	\$
Other interest	\$	Cleaning	\$
Insurance	\$	Assessments	\$
Repairs and maintenance	\$	Utilities	\$
Travel	\$	Other (itemize)	\$
Advertising	\$		\$
Taxes	\$		\$

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If this is the first year we are preparing your return, **provide prior year depreciation records.**

If this is a new property, **provide the closing statement (HUD-1).**

List below any improvements or assets purchased during the year:

Description	Date placed in service	Cost
		\$
		\$
		\$

If the property was sold during the year, provide the closing statement (HUD-1).

INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS, and S CORPORATIONS

Enclose all schedule K-1 forms received to date (if available please provide copies of all prior year schedule K-1's for each entity). If you have not received all of the K-1 forms, please list those K-1s you are waiting for:

Name	Federal ID #

CONTRIBUTIONS TO RETIREMENT PLANS

	Taxpayer	Spouse
Are you covered by a qualified retirement plan? (Y=Yes/N=No)		
Do you want to make the maximum deductible regular IRA contribution? (Y=Yes/N=No)		
Do you want to make an IRA contribution even if part or all of it may not be deducted? (Y=Yes/N=No)		
IRA payments made for this return.	\$	\$
IRA payments made for this return for non-working spouse.	\$	\$
Do you want to make an IRA contribution even if part or all of it may not be deducted? If yes, provide copy of the last Form 8606 filed.		
If eligible, do you want to contribute to, or have you contributed to, a Roth IRA? If yes, provide Roth IRA payments made for this return.		
If "Yes" to question above, how much do you want to contribute?	\$	\$
Do you want to make the maximum allowable Keogh/SEP contribution? (Y/N)		
KEOGH/SEP payments made for this return.	\$	\$
Date Keogh/Simple IRA Plan established		

ALIMONY PAID

Name of Recipient(s): _____ SS# of Recipient(s): _____ Amount(s) Paid: _____

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

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MEDICAL AND DENTAL EXPENSES (PLEASE NOTE THAT MEDICAL EXPENSES MUST EXCEED 10% OF ADJUSTED GROSS INCOME TO BE DEDUCTIBLE). HEALTH INSURANCE PREMIUMS AND MEDICAL EXPENSES PAID WITH PRE-TAX DOLLARS (CAFETERIA PLANS, HEALTH SAVINGS ACCOUNTS, ETC.) ARE NOT DEDUCTIBLE.

Description (Do not include expenses for cosmetic surgery)	Amount
Premiums for health and accident insurance including Medicare	\$
Medicine and drugs (prescription only)	\$
Doctors, dentists, nurses	\$
Hospitals, clinics, laboratories	\$
Eyeglasses / corrective surgery	
Hearing aids	
Long term care insurance premiums - Taxpayer	\$
Long term care insurance premiums - Spouse	\$
Other (describe below):	
	\$
	\$
	\$
	\$
	\$
Mileage (number of miles)	

DEDUCTIBLE TAXES

Description	Amount
State and local income taxes payments made this year for prior year(s).	\$
Real estate taxes: Primary residence	\$
Secondary residence	\$
Other	\$
Personal property tax	\$
Sales tax on major items (auto, boat, home improvements, etc.)	
Other taxes (itemize):	\$
	\$

INTEREST EXPENSE

Mortgage interest (attach 1098 forms):

Payee*	Property**	Amount
		\$
		\$
		\$

*Include address and social security number if payee is an individual.

**Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc.

Unamortized Points on residence refinancing:

Date of Refinance	Loan term	Amount
		\$
		\$

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Student loan interest:

Payee	Taxpayer or Spouse	Amount
		\$
		\$
		\$
		\$

Investment/Passive Interest not reported on Schedules C or E:

Payee	Investment Purpose	Amount
		\$
		\$
		\$

Business Interest not reported on Schedules C or E:

Payee	Business Purpose	Amount
		\$
		\$
		\$

CONTRIBUTIONS

Cash Contributions, for which you have receipts, canceled checks, etc. NOTE: You must have written acknowledgment, including required language, from any charity to which you made individual donations of \$250 or more during the year.

Donee	Amount	Donee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Expenses incurred in performing volunteer work for charitable organizations:

- Mileage _____
- Parking fees and tolls \$ _____
- Supplies \$ _____
- Meals & Entertainment \$ _____
- Other (itemize) \$ _____
- Actual out-of-pocket expenses for gas, oil, etc. \$ _____

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Other than cash contributions (enclose receipts) (Donations of clothing or household items must be "in good used condition or better"):

Organization name and address:			
Description of property			
Date acquired			
How acquired			
Cost or basis			
Date contributed			
Fair market value (FMV)			
How FMV determined			

NOTE: For contributions over \$5,000, include copy of appraisal and confirmation.

MISCELLANEOUS DEDUCTIONS

Description	Amount
Income tax preparation fees	\$
Legal fees (provide details)	\$
Safe deposit box rental (if used for storage of documents or items related to income-producing property)	\$
Uniforms which are not suitable for wear outside work	\$
Safety equipment and clothing	\$
Professional dues	\$
Unreimbursed cost of business supplies	\$
Employment agency fees	\$
Other miscellaneous deductions - itemize	\$

EMPLOYEE BUSINESS EXPENSES (Complete a separate schedule or worksheet for each business)

Expenses incurred by: Taxpayer Spouse Occupation:

Description	Total Expense Incurred	Employer Reimbursement Reported on W-2	Employer Reimbursement Not on W-2
Travel expenses while away from home:			
Travel fares			
Lodging			
Meals and entertainment			
Business use of home (see schedule)			
Union dues			
Small tools			
Uniforms which are not suitable outside of work			
Professional dues			
Business publications			
Other employee business expenses - itemize			

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AUTOMOBILE EXPENSES - COMPLETE A SEPARATE SCHEDULE FOR EACH VEHICLE

Vehicle description	_____	Total business miles	_____
Date placed in service	_____	Total commuting miles	_____
Cost/Fair market value	_____	Total other personal miles	_____
Lease term, if applicable	_____	Total miles this year	_____
		Average daily round trip	_____
		Commuting distance	_____

Enter actual vehicle expenses below (omit if using mileage method):

Gas, oil	_____	Taxes	_____
Repair	_____	Tags & licenses	_____
Tires, supplies	_____	Interest	_____
Insurance	_____	Lease payments	_____
Parking	_____	Other	_____

Did you acquire, lease or dispose of a vehicle for business during this year? Yes _____ No _____
 If yes, enclose purchase and sales contract or lease agreement.
 Did you use the above vehicle in this business less than 12 months? Yes _____ No _____
 If "yes," enter the number of months _____.
 Do you have another vehicle available for personal purposes? Yes _____ No _____
 Do you have evidence to support your deduction? Yes _____ No _____
 Is the evidence written? Yes _____ No _____

CHILD CARE EXPENSES/HOME CARE EXPENSES

Did you pay an individual or an organization to perform services in the care of a dependent under 13 years old in order to enable you to work or attend school on a full time basis? Yes _____ No _____
 Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes _____ No _____

If "yes," complete the following information:

Name and relationship of the dependents for whom services were rendered

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.):

Name and Address	ID #	AMOUNT FOR (NAME OF CHILD)	AMOUNT FOR (NAME OF CHILD)

If payments of \$1,900 or more during the tax year were made to an individual, were the services performed in your home? Yes _____ No _____
 Was the individual who performed the services age 18 or older? Yes _____ No _____

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Educational Expenses:

Did you or any other member of your family pay any post-secondary educational expenses this year:

Yes ____ No ____

If yes complete the following and provide Form 1098-T from each school:

Student Name	Institution	Grade or Level	Amount Paid	Date Paid

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan? Yes ____ No ____

Yes ____ No ____

If yes, provide Forms 1099-Q for all distributions taken to pay for college expenses in 2015.

ESTIMATED TAX PAYMENTS MADE:

	Federal	Federal	State (Name)	State
	Date Paid	Amount Paid	Date Paid	Amount Paid
4th Quarter of prior year		\$		\$
Prior year overpayment applied		\$		\$
1st Quarter		\$		\$
2nd Quarter		\$		\$
3rd Quarter		\$		\$
4th Quarter		\$		\$