



2015 INCOME TAX SCHEDULE

Instructions: This form is designed to be a useful tool for you to gather information for us to prepare your returns. It is not all inclusive, so please attach any additional information. You do not have to use this form, but at a minimum, please complete the GENERAL INFORMATION section below. Also, include all tax documents such as W-2s, 1099s, Social Security forms, 1098 forms, etc. Please include ALL pages from a broker's annual tax reporting 1099 package. **PLEASE NOTE—certain 2015 Form 1099s from banks and brokers are not required to be mailed until Feb 15, 2016.**

	<u>Taxpayer</u>	<u>Spouse</u>
Name	_____	_____
Soc sec #	_____	_____
Occupation	_____	_____
Birth date	_____	_____
Address	_____	
Telephone	Work _____ Home _____	Cell _____
Email address	_____	

Do you want to donate to the Presidential election: Yes _____ No _____

GENERAL INFORMATION

Dependents					
<u>Full Name</u>	<u>Birth date</u>	<u>Soc Sec #</u>	<u>Relationship</u>	<u># Months in in Home</u>	<u>Income</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

____ YES ____ NO I authorize the taxing authorities (Federal and State) to discuss my returns, attachments, and related tax matters with the Preparer.

Please provide a voided check (or a copy of a check) if you check "YES" to either of the following:

Electronic Filing Information—ALL returns will be electronically filed
 Direct deposit of refund(s) _____ NO _____ YES
 Draft balance of taxes owed _____ NO _____ YES If YES, date to draft bank account _____
 You will receive an email acknowledgement from our tax software vendor (CCH) that your returns have been accepted.

REQUIRED: Insurance/Healthcare Coverage

____ YES ____ NO Did you maintain "minimum essential health coverage" for all individuals for January-December 2015?
If "NO": _____ Check here if you did not have coverage and will pay the penalty
 _____ Check here if you have documentation to prove exemption. Please provide copies of that documentation.
 _____ Check here to request additional information to determine if an exemption applies

If you purchased health insurance through the Marketplace, you should receive a Form 1095-A. **Please provide that form to us.**

I certify to the best of my knowledge that all information provided to Martin Smith & Company is true and correct.

Signature _____

Medical expenses

(Include ONLY out-of-pocket and after-tax amounts)

Prescription Drugs \$ _____

Medicare premiums (Form 1099-SSA) \$ _____

Medical/dental insurance premiums \$ _____

Long-term care insurance: Taxpayer \$ _____

Spouse \$ _____

Long-term care expenses \$ _____

Doctors, dentists, etc. \$ _____

Hospitals \$ _____

Lab fees \$ _____

Eyeglasses and contacts \$ _____

Other: _____ \$ _____

Mileage: Jan-Dec 2015 _____ miles

Taxes

State income tax-balance paid prior yr \$ _____

Real estate tax on personal residence \$ _____

Personal property taxes (autos, boats) \$ _____

Sales tax - boats, homes, aircraft \$ _____

Sales tax - vehicles \$ _____

Mortgage interest (Attach forms 1098)

Paid to Bank (Attach forms 1098) \$ _____

Paid to an **individual**:

Soc sec # _____

Name _____ \$ _____

Address _____

Charitable contributions

Cash, checks, credit cards:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Mileage: Jan-Dec 2015 _____

Non-cash contributions:

NOTE: Donated items **must** be of "good" or better quality. Please be sure that the following information is documented on each donation receipt:

- (1) Organization name and address
- (2) Date donated
- (3) Fair market value (deduction amount)
- (4) General description of items
- (5) Estimate of original cost

Total of all non-cash donations \$ _____

For vehicles, **attach Form 1098-C**

Adoption expenses \$ _____

Date adoption finalized _____

Alimony paid \$ _____

Name _____

Soc Sec # _____

Early withdrawal penalty \$ _____

Required education for work \$ _____

Employment fees \$ _____

Investment expenses \$ _____

Child care expenses \$ _____

Provider's name _____

Address: _____

City, ST _____

EIN/SS# _____

Job hunting expenses \$ _____

Moving expenses \$ _____

Tax return preparation \$ _____

Professional dues/subscriptions \$ _____

Tools/equipment for work \$ _____

Uniform expense \$ _____

Union dues \$ _____

Teacher (K-12) (classroom expenses) \$ _____

College tuition and fees (**Form 1098-T**) \$ _____

Traditional IRA:

Taxpayer \$ _____

Spouse \$ _____

Roth IRA:

Taxpayer \$ _____

Spouse \$ _____

SC college prepayment

investment program \$ _____

Casualty loss:

Provide requested information

Other deductions:

_____ \$ _____

_____ \$ _____

Health Savings Accounts (HSA) contributions:

Coverage: ___ Self-only ___ Family

Employer contributions \$ _____

Your contributions (after-tax only) \$ _____

Value of HSA at 12/31/15 \$ _____

Months cover by a high-deductible health plan _____

Please include Forms 1098-SA and 5498-SA (These forms will contain the above information)

BUSINESS , RENTAL and HOME OFFICE

Description of Rental Property/Business/Farm or Home office <hr/>				
INCOME	\$ _____	\$ _____	\$ _____	\$ _____
EXPENSES				
Advertising	_____	_____	_____	_____
Interest expense	_____	_____	_____	_____
Legal & accounting	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Insurance (excluding life and health)	_____	_____	_____	_____
Management fees	_____	_____	_____	_____
Office expense	_____	_____	_____	_____
Rent: Equipment	_____	_____	_____	_____
Office	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Property tax/licenses	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Meals & entertainment	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Vehicle expenses:				
• Prop tax	_____	_____	_____	_____
• Tolls, rentals	_____	_____	_____	_____
• Repairs, Insur, etc.	_____	_____	_____	_____
• Interest on veh loans	_____	_____	_____	_____
• Mileage:				
Business miles	_____ miles	_____ miles	_____ miles	_____ miles
Personal miles	_____ miles	_____ miles	_____ miles	_____ miles
Total miles	_____ miles	_____ miles	_____ miles	_____ miles

OTHER INCOME	Alimony received	\$ _____	Other income:	
	Installment sales collections:		_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	Jury duty	\$ _____	_____	\$ _____

SC Sales/Use Tax	Sales/Use tax (SC returns only)	
	Total purchases from mail orders, internet, TV shopping networks, etc.	\$ _____
	Total sales tax paid to SC and other states on the above purchases	\$ _____

ESTIMATED TAX PAYMENTS

Federal estimated tax payments:

<u>Date paid</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

State estimated tax payments:

<u>Date paid</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

OTHER INFORMATION

NOTE: If you have a foreign bank, investment or retirement account, please let us know.

Please provide any other additional information here:

If you are self-employed, own rental property, or operate a farm you MUST answer the following:

Yes **No** Did you make any payments that would require you to file Form(s) 1099?
 Yes **No** If “Yes” to the above question, did you or will you file all required Form(s) 1099?

1099 Filing Requirements – Form 1099-MISC is required to be issued if **ALL** of the following are true:

1. You paid non-corporate service providers \$600 or more during 2015 **AND**
2. The payments are for business (not personal) **AND**
3. You are self-employed (Schedule C), own rental property (Schedule E), or operate a farm (Schedule F)

Examples of the above payments include: professional fees paid to an attorney or an accountant; payments to independent contractors for janitorial services, information technology consulting, web design, and repairs; and rent paid to a landlord (just to name a few).

Either visit the IRS website or call our office for assistance in completing these forms. The penalties for not filing these forms can range from \$30-\$250 per form.

INFORMATIONAL DATA

Standard mileage rates (cents per mile):

	<u>2015</u>	<u>2016</u>
Business	57.5	54.0
Moving	23.0	19.0
Medical	23.0	19.0
Charitable	14.0	14.0

Retirement contribution limits (subject to other provisions):

	<u>2015</u>	<u>2016</u>
Roth/Traditional IRA	5,500	5,500
IRA catch-up contributions	1,000	1,000
SIMPLE plans	12,500	12,500
SIMPLE catch-up contrib.	3,000	3,000

(Catch-up provisions are for individuals age 50 and above)

Reminders:

- If you have children who will be filing tax returns, please be sure they do not claim themselves if they are not eligible to do so. **If the parents are eligible to claim their child, then the child generally can not claim themselves.**
- For electronic filing purposes, please provide us a copy of a check, not a deposit slip, even if your bank account has not changed since last year.
- **PLEASE REMEMBER** to include all IRS documents with the tax information that you submit to our office. This includes forms W-2, 1099s, 1098 (mortgage interest paid), 1098-T (College tuition and fees paid), and health insurance forms 1095-A, 1095-B and 1095-C.