

Happy 2016!

Thank you for your interest in Nowack. I have prepared a basic tax organizer in the attached pages. The overarching theme is that we don't need you to complete any section that has a form. For example, where it says, W2, just skip it and include your W2. The most important sections to complete are names, address, dates of birth, as well as answering the questionnaire.

When sending in your tax documents, please be sure to consider the following:

Personal Information

- Social security number(s) and date(s) of birth for everyone that will appear on your tax return
- Amount of any alimony paid and ex-spouse's full name and social security number
- Your tax return (fed/state) for the previous year

Information Returns

- Income from Wages (W-2)
- Income from Gambling (W-2G)
- Income from partnerships or s-corp interests (Schedule K-1)
- Income from self-employment (Form 1099-MISC)
- Pension/IRA/annuity income (1099-R)
- Social security/RRB income (1099-SSA, RRB-1099)
- Interest, dividend income (1099-INT, 1099-OID, 1099-DIV)
- Consolidated broker statement
- Income from sales of real estate (1099-S)
- Income from a government entity for tax refunds, unemployment, or family leave (1099-G)
- Health Savings Account and long-term care reimbursements (5498SA, 1099-SA or 1099-LTC)
- Affordable Care Act statement (1095-A/C)
- Statement following a short sale or foreclosure (1099-A/C)
- Mortgage Interest paid (1098)
- Tuition payments made (1098-T)
- Student loan interest paid (1098-E)

Common Deductions

- Expenses paid for child care so that you can work (i.e. daycare, camps, aftercare, preschool, etc)
- Property taxes paid
- Moving expenses
- DMV fees paid (license fee only)
- Cash amounts donated to houses of worship, schools, other charitable organizations
- Records of non-cash charitable donations
- Amounts paid for healthcare insurance and to doctors, dentists, hospitals
- Amounts of miles driven for charitable or medical purposes
- Expenses related to your investments
- Amount paid for preparation of last year's tax return

- Employment-related expenses (dues, publications, tools, uniform cost and cleaning, travel)
- Job-hunting expenses
- Receipts for energy-saving home improvements
- Record of estimated tax payments made
- IRA Information

MBA Deduction

- Form 1098-T AND a copy of a bursar statement indicating the amount of money the university received on your behalf through loans, credit card payments, or checks
- Copy of your employer's tuition reimbursement policy, if employed
- Copy of your transcript
- Copy of your resume
- Amount of employer reimbursement, if any

Small Business Information

- Tax Identification number for your sole proprietorship or single member limited liability company (SMLLC)
- Summarized Record of all Expenses
- Home Office Expenses (including gas, sewer, water, electricity, gas, internet).

Business Use of Vehicle Information

- Log showing total miles driven for the year (or beginning/ending odometer readings), total business miles driven for the year (other than commuting), and the business purpose of the mileage
- Amount of parking and tolls paid

Rental Property Income

- Records of income and expenses
- Rental asset information (cost, date placed in service, etc.) for depreciation

While the list above is comprehensive, of course, we may need some additional documents, but this should cover most situations.

Should you have any questions, please contact my office at 949-354-5495.

Sincerely,



General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2015 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount (up to \$5,000).** _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2015 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2015 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2014 state and local income taxes paid in 2015	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2015 Information	Prior Year Information																
—	Home mortgage interest From Form 1098	_____	_____																
T/S/J	Other home mortgage interest paid to individuals:																		
—	<table border="0"> <tr> <td>Payee's Name</td> <td>SSN or EIN</td> <td>2015 Information</td> <td>Prior Year Information</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Address</td> <td></td> <td>City</td> <td>State Zip Code</td> </tr> <tr> <td>_____</td> <td></td> <td>_____</td> <td>_____</td> </tr> </table>	Payee's Name	SSN or EIN	2015 Information	Prior Year Information	_____	_____	_____	_____	Address		City	State Zip Code	_____		_____	_____		
Payee's Name	SSN or EIN	2015 Information	Prior Year Information																
_____	_____	_____	_____																
Address		City	State Zip Code																
_____		_____	_____																
T/S/J	Investment interest expense, other than on Sch K-1s:	2015 Information	Prior Year Information																
—		_____	_____																
	Refinance #1		Refinance #2																
Refinancing Information:																			
T/S/J	Recipient/Lender name	_____	_____																
	Total points paid at time of refinance	_____	_____																
	Date of refinance	_____	_____																
	Term of new loan (in months)	_____	_____																
	Reported on Form 1098 in 2015	_____	_____																

Itemized: A3 **Charitable Contributions**

T/S/J		2015 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2015 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT	_____	_____
—	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____

California General Information

Prior year last name

Taxpayer _____ [1]

Spouse _____ [2]

Mark if different from prior year return:

Social security number(s) _____ [3]

Address _____ [4]

Filing status _____ [5]

Use Tax

Item purchased

Purchase price

County (City)

Sales Tax paid

_____ [6]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____ [7]	School Supplies for Homeless Children Fund _____ [17]
Alzheimer's Disease/Related Disorders Fund _____ [8]	Parks Pass Purchase (\$195) _____ [18]
Rare and Endangered Species Preservation Program _____ [9]	State Parks Protection Fund _____ [19]
Breast Cancer Research Fund _____ [10]	Protect Our Coast and Oceans Fund _____ [21]
Firefighters' Memorial Fund _____ [11]	Keep Arts in Schools Fund _____ [22]
Emergency Food for Families Fund _____ [12]	California Senior Legislature Fund _____ [23]
Peace Officer Memorial Foundation Fund _____ [13]	Habitat for Humanity Fund _____ [24]
Sea Otter Fund _____ [14]	California Sexual Violence Victim Services _____ [25]
Cancer Research Fund _____ [15]	Children's Trust Fund - Prevent Child Abuse _____ [26]
Child Victims of Human Trafficking Fund _____ [16]	Prevention Animal Homelessness & Cruelty _____ [27]

Renter Information

Number of months rented principal residence in California in 2015 _____ [28]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____ [29]

Property rented was exempt from property tax in 2015 _____ [30]

Taxpayer claimed homeowner's property tax exemption in 2015 _____ [31]

Spouse claimed homeowner's property tax exemption during 2015 _____ [32]

Maintained separate residences for the entire year _____ [33]

Addresses if more than one or different from mailing address

Address _____ [34]

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [35]

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS: