

2015 SCHULTZ TAX ORGANIZER

Personal Information:

Check Here, if No Changes from Last Year's Personal Information

Name: _____ Date of Birth: _____
Home Phone: _____ Work Phone: _____
Social Security Number: _____ e-mail: _____
Occupation: _____

Street Address: _____
City: _____ State: _____ ZIP: _____

Filing Status: Single Married/Joint Head of Household Married/Separate

Spouse's Name: _____ Date of Birth: _____
Social Security Number: _____ Work Phone: _____
Occupation: _____ e-mail: _____

At End of Year Were You or Your Spouse?		<u>Self</u>		<u>Spouse</u>
Blind?		Yes No		Yes No
Disabled?		Yes No		Yes No

Dependent(s):

Check here, if no changes from last year in your Dependent Information

<u>Name</u>	<u>Date of Birth</u>	<u>Soc Sec #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were You Notified By the IRS or State Department of Revenue of Any Changes in Prior Year Returns? (If Yes, Attach Agent's Report)		<u>Self</u>		<u>Spouse</u>
		Yes No		Yes No

Do You Wish To Designate \$3 of Your Taxes - \$6 on a Joint Return- To the Presidential Election Campaign Fund?		Yes No		Yes No
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Schultz & Associates, PLC
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	<u>YES</u>	<u>NO</u>	<u>AMOUNT</u>
Did You Sell Property as Part of "Short Sale"?	<input type="checkbox"/>	<input type="checkbox"/>	
Did You Have Property Repossessed or Foreclosed Upon?	<input type="checkbox"/>	<input type="checkbox"/>	
Did You File Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	
Do You Have an Interest in a Foreign Trust or Have Vacation Property Held in a Foreign Trust (Mexico)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do You Have Signature Authority for a Foreign Bank or Investment Account?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do You Have a Living Trust?	<input type="checkbox"/>	<input type="checkbox"/>	
Are You the Beneficiary of an Irrevocable Trust?	<input type="checkbox"/>	<input type="checkbox"/>	
Have You Converted Your Traditional IRA's into Roth IRA's?	<input type="checkbox"/>	<input type="checkbox"/>	
Are You Considering Filing Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	
Do You Have Prior Tax Debt for Which You Would Like Us to Set Up an Installment Agreement?	<input type="checkbox"/>	<input type="checkbox"/>	
Do You Have Health Insurance for You and Your Family?	<input type="checkbox"/>	<input type="checkbox"/>	
Are You Receiving Retirement Distributions?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes:			
Were You Born Prior to 1946?	<input type="checkbox"/>	<input type="checkbox"/>	
Was Your Spouse (or Former Spouse) Born Prior to 1946?	<input type="checkbox"/>	<input type="checkbox"/>	
Were You Born Between 1946 & 1952?	<input type="checkbox"/>	<input type="checkbox"/>	
Was Your Spouse (or Former Spouse) Born Between 1946 & 1952?	<input type="checkbox"/>	<input type="checkbox"/>	
Do You or Your Spouse Receive a Military or Railroad Pension?	<input type="checkbox"/>	<input type="checkbox"/>	

If You Are a New Client, Please Give Us Copies of Your Federal and State Income Tax Returns for the Three Previous Years

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INCOME

	<u>Taxpayer</u>	<u>Spouse</u>
Amount of Social Security Received (Attach 1099-SSA(s))	\$ _____	\$ _____
Amount Withheld From Soc Sec for Medicare Premiums?	\$ _____	\$ _____
<input type="checkbox"/> Wages (Attach all W-2's)		\$ _____
<input type="checkbox"/> Dividends (Attach all 1099-DIV's)		\$ _____
<input type="checkbox"/> Interest (Attach all 1099-INT's)		\$ _____
<input type="checkbox"/> State or City Income Tax Refund (Attach all 1099-G's)		\$ _____
<input type="checkbox"/> Alimony Received		\$ _____
From: Name _____ Soc Sec # _____		
<input type="checkbox"/> Sale or Proceeds of Investments (Attach all 1099-B's) We <u>MUST</u> have Cost Basis and Date Purchased for each sale		\$ _____
<input type="checkbox"/> IRA, Pension or Annuity Distributions (Attach all 1099-R's)		\$ _____
<input type="checkbox"/> Partnerships, S-Corps, Trusts & Estates (Attach all K-1's)		\$ _____
<input type="checkbox"/> Unemployment Compensation (Attach all 1099-G's)		\$ _____
<input type="checkbox"/> Social Security Disability or Death Benefits (Attach 1099-SSA's)		\$ _____
<input type="checkbox"/> Gambling Income (Attach all W-2G's)		\$ _____

EXPENSES

Taxes

<input type="checkbox"/> Income Taxes Withheld to State or Local Governments					\$ _____	
<input type="checkbox"/> Current Year Estimated Taxes Paid:	<u>Federal</u>		<u>State</u>		<u>City</u>	
	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
First Quarter	_____	\$ _____	_____	\$ _____	_____	\$ _____
Second Quarter	_____	\$ _____	_____	\$ _____	_____	\$ _____
Third Quarter	_____	\$ _____	_____	\$ _____	_____	\$ _____
Fourth Quarter	_____	\$ _____	_____	\$ _____	_____	\$ _____
<input type="checkbox"/> Sales Tax on Big Ticket Items (i.e. Car or Boat)						\$ _____
<input type="checkbox"/> Real Estate Taxes Paid:			<u>Principal Res</u>		<u>Other Property</u>	
			\$ _____		\$ _____	
<input type="checkbox"/> Automobile License Plate Tabs					\$ _____	

Interest

	<u>Principal Res</u>	<u>2nd Home</u>
<input type="checkbox"/> Mortgage Interest	\$ _____	\$ _____
<input type="checkbox"/> Points Paid on Mortgage	\$ _____	\$ _____
<input type="checkbox"/> Investment Interest		\$ _____

Charitable Contributions

<input type="checkbox"/> Receipted Cash Donations	\$ _____
<input type="checkbox"/> Non-Cash Donations – (Attach list & receipt if over \$500)	\$ _____
<input type="checkbox"/> Charitable Travel - Total Miles _____	

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Gambling Losses

Gambling Losses - Only to the Extent of Winnings \$ _____

Casualty or Theft Loss

Casualty or Theft Loss \$ _____

Renters

Total Rent Paid \$ _____

Landlord Name: _____

Address: _____

Did You Receive Student Loans? How Much? \$ _____

Miscellaneous Deductions

Un-Reimbursed Business Expenses:

Miles Driven for Work (non commuting). (Attach Log) _____

Travel \$ _____

Telephone \$ _____

Uniforms \$ _____

Gifts, Promotions and Advertising \$ _____

Meals & Entertainment \$ _____

Other Miscellaneous Deductions

Safe Deposit Box Fees \$ _____

Tax Preparation Fees \$ _____

Union Dues and Professional Dues \$ _____

IRA Custodial Fees \$ _____

Investment Expenses, Council and Advisory Fees \$ _____

Professional Subscriptions \$ _____

Job Search Costs \$ _____

OTHER EXPENSES & PAYMENTS

Energy Efficient Property Purchases \$ _____

Dependent Care Expenses (Provide Name, Address & ID Number) \$ _____

Educator Expenses (Teachers, Principals or Counselors - K Through 12 Only) \$ _____

Traditional IRA Contribution Taxpayer \$ _____ Spouse \$ _____

ROTH IRA Contribution \$ _____ \$ _____

Student Loan Interest \$ _____

College Tuition Paid: _____

For: Name _____ Soc Sec # _____ \$ _____

For: Name _____ Soc Sec # _____ \$ _____

Health Savings Account (HSA) \$ _____ \$ _____

Moving Expenses (Related to Job Change) \$ _____

Health Insurance Payments (Post Tax) \$ _____

OTHER EXPENSES & PAYMENTS (CONT)

- Self Employed SEP, SIMPLE or Qualified Plan \$ _____
 - Penalty on Early Withdrawal of Savings \$ _____
 - Alimony Paid \$ _____
- To: Name _____ Soc Sec # _____

Other Income/Expense Detail

Use Space Below to List Income and Expenses Not Covered Elsewhere.
Attach Additional Sheets If Necessary.

OTHER QUESTIONS

YES NO AMOUNT

- Is Your Closely Held Business Engaged in Manufacturing Activities? YES NO
- Do You Have Dependent Care Expenses? YES NO
- Did You Start a New Business? YES NO
- Did You Acquire Interest In a LLC, Partnership or S-Corporation? YES NO
- Did You Purchase or Sell Investment Property? YES NO
- Did You Acquire or Dispose of Stock During the Year? YES NO
- Did You Sell Your Personal Residence? YES NO
- Did You Refinance Your Personal Residence or Any Other Property? YES NO
- Did You Have Any Foreign Income or Pay Any Foreign Taxes? YES NO \$ _____
- Did You Make Withdrawals From a MESP or 529 (Attach Form 1099Q)? YES NO \$ _____
For Whom: Name _____ Soc Sec # _____
- Did You Make a Contribution To a MESP? YES NO \$ _____
For Whom: Name _____ Soc Sec # _____
- Do You Have Evidence to Substantiate All Charitable Contributions? YES NO
- Did You Have Any Educational Expenses During the Year? YES NO \$ _____
- Would You Like To Make a 2015 Traditional IRA Contribution by 04/15/14? YES NO \$ _____
- Would You Like To Make a 2015 ROTH IRA Contribution by 04/15/14? YES NO \$ _____
- Did You Pay Premiums on a Long Term Care Policy (Yourself or Spouse)? YES NO \$ _____