

Phone: (818) 243-1977

210 N Central Ave. #100

Fax (213) 984-2653

Glendale, Ca 91203

email nbsandco@aol.com

Web www.8182431977.com

2016 TAX ORGANIZER

Taxpayer Information

Spouse Information

Last Name.....	_____	Last Name.....	_____
First Name.....	_____	First Name.....	_____
Middle Initial.....	_____	Middle Initial.....	_____
	Suffix..... _____		Suffix..... _____
Social Security.....	_____	Social Security.....	_____
Occupation.....	_____	Occupation.....	_____
Cell Phone.....	_____	Cell Phone.....	_____
Email Address.....	_____	Email Address.....	_____
Date of birth.....	_____	Date of Birth.....	_____
Address.....	_____		
City.....	_____	State....	_____
		Zip Code....	_____
Home Phone.....	_____	Fax Number.....	_____

Dependent Information

First Name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last Name	Suffix	Relationship			

Enter total of Student loan interest paid..... _____

Retirement Plan Contributions

Taxpayer & Spouse Combined

Traditional IRA contributions made for	_____
Roth IRA contributions made for	_____
SEP, Keogh, Individual 401(k) or SIMPLE contributions	_____

Medical and Dental Expenses

Taxpayer & Spouse Combined

Prescription medications

Health Insurance Premiums

Doctors, dentists, etc

Hospitals, clinics, etc

Eyeglasses and contact lenses

Miles driven for medical expenses

Other Medical Expenses:

Taxes

Taxpayer & Spouse Combined

Real estate taxes paid on principal residence.....

Real estate taxes paid on additional homes or land

Auto License registration fees based on the value of the vehicle.....

Other personal property taxes.....

Interest Expenses

Lender's Name for Home mortgage interest paid

Taxpayer & Spouse Combined

Lender's Name for points paid on loan to buy, build or improve main home

Cash/Check/Credit Charitable Contributions

Taxpayer & Spouse Combined

Noncash Charitable Contributions

Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property. Ask for our donation valuation guide or go to www.vatruck.com

Miscellaneous Deductions

Taxpayer & Spouse Combined

Investment Advisory Fee's

Union and professional dues

Professional subscriptions, books, supplies

Uniforms and protective clothing (including cleaning)

Taxpayer educator expenses

Safe deposit box rental

Gambling losses (to the extent of gambling income)

Tax return preparation fees

Other expenses (list):

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
April 2015							
June 2015							
Septemeber 2015							
January 2016							

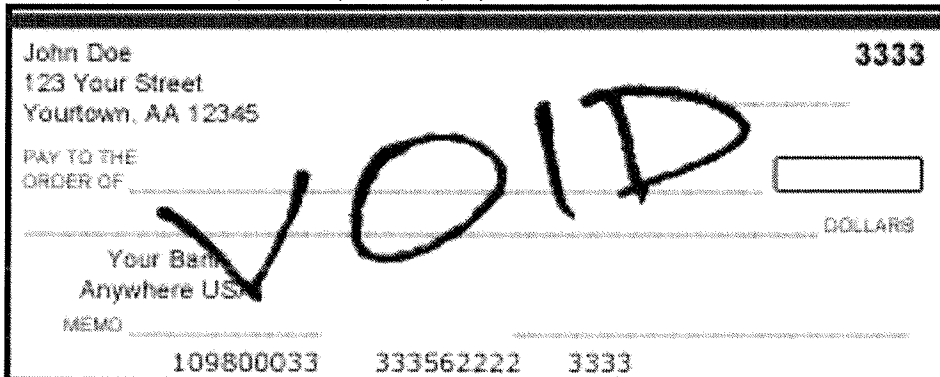
Direct Deposit of Refund or ACH withdrawal

If you receive a refund would you like direct deposit? Yes No

If you owe taxes would you like to automatically have it deducted from your bank account? Yes No

What type of account is this? Checking Savings

If YES, please provide a voided check (not a deposit slip) if your bank account information has changed below:



Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Did a lender cancel any of your debt in 2015? (1099-C)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you make energy efficient improvements to your home or purchase any energy-saving property during 2015? If yes , please attach details..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you purchase a motor vehicle or boat during 2015? If yes , attach documentation showing sales tax paid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you purchase a hybrid or electric vehicle in 2015? If yes , enter year, make model and date purchased:
_____ | | |
| 5. Did you donate a vehicle in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did your marital status change during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , explain: _____ | | |
| 7. Were you or your spouse permanently and totally disabled in 2015? (Must provide medical certificate)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you provide over half the support for any other person during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did you incur adoption expenses during 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did you receive a total 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you receive any disability payments in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. a. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2015?
If yes, attach closing or escrow statements, 1099-S or 1099-A forms | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Did you incur any non-business bad debts? (ie short sale of a home)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Did you pay any individual for domestic services in 2015? (ie caregiver)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Did you buy or sell any stocks or bonds in 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Did you incur any WORK RELATED moving expenses? If yes , attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Did you receive any income not included in this Tax Organizer? If yes , please attach information..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you expect your income and deductions in 2015 to be the same as 2014? If no , attach explanation of changes expected..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Did you have health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ | | |
| 24. Enter your state of residence..... Taxpayer: _____ Spouse: _____ | | |

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Suffix..... _____	Suffix..... _____
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Occupation..... _____	Occupation..... _____
Cell Phone..... _____	Cell Phone..... _____
Email Address..... _____	Email Address..... _____
Date of birth..... _____	Date of Birth..... _____
Address..... _____	
City..... _____	State.... _____
Home Phone..... _____	Zip Code.... _____
Fax Number..... _____	

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City..... _____ State.... _____	Zip Code.... _____
Home Phone..... _____	Fax Number..... _____

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