



Tick Tock Tax Service, LLC

INDIVIDUAL TAX ORGANIZER (FORM 1040)

If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years, or complete a Federal Form 8821 and any applicable state POA's as necessary.

Taxpayer's name _____ SSN _____ Occupation _____ Veteran? _____

Spouse's name _____ SSN _____ Occupation _____ Veteran? _____

Home address _____

City, town or post office _____ County _____ State _____ ZIP code _____ School district _____

Telephone number (Taxpayer)

Telephone number (Spouse)

Office _____

Office _____

Home _____

Home _____

Fax _____

Fax _____

Cell _____

Cell _____

Email _____

Email _____

Date of Birth _____

Date of Birth _____

Blind? Yes No

Blind? Yes No

► Dependent Children Who Lived With You:

FULL NAME	SSN	RELATIONSHIP	BIRTH DATE

► Other Dependents:

FULL NAME	SSN	RELATIONSHIP	BIRTH DATE	NUMBER MONTHS RESIDED IN YOUR HOME	% SUPPORT FURNISHED BY YOU

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Please answer the following questions and submit details for any question answered "Yes": YES NO

▶ 1) Did any births, adoptions, marriages, divorces, or deaths occur in your family last year?
If yes, provide details.

▶ 2) Will the address on your current returns be different from that shown on your prior year returns?
If yes, provide the new address and date moved.

▶ 3) Were there any changes in dependents from the prior year? If yes, provide details.

▶ 4) Are you entitled to a dependency exemption due to a divorce decree?

▶ 5) Did any of your dependents have income of \$1,000 or more (\$400 if self-employed)?

▶ 6) Did any of your children under age 19, or under age 24 if they are a full-time student, have investment
income over \$2,000?
If yes, do you want to include your child's income on your return?

▶ 7) Are any dependent children married and filing a joint return with their spouse?

▶ 8) Did any dependent child 19–23 years of age attend school full-time for less than five months
during the year?

▶ 9) Did you receive any income from any legal proceedings, cancellation of student loans, unemployment,
or other indebtedness during the year? If yes, provide details.

▶ 10) Did you make any gifts during the year directly or in trust exceeding \$14,000 per person?

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	YES	NO
<p>▶ 11) Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 12) Were you the grantor, transferor, or beneficiary, of a foreign trust?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 13) Were you a resident of, or did you have income from, more than one state during the year? If yes, provide details.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 14) Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 15) Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 16) Do you want any overpayment of taxes applied to next year's estimated taxes?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 17) Did you and all members of your household maintain minimum essential health coverage for all months of 2015?</p> <p>1) If yes, enclose documentation such as Form 1095-A, <i>Health Insurance Marketplace Statement</i>, statement of coverage from your employer, or a medical bill showing payment by an insurance company, insurance card, Medicare card.</p> <p>2) If no, but you and all members of your household were covered for a part of 2015, provide documentation showing the months covered.</p>	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
<hr style="border-top: 1px dotted #000;"/>		
▶ 18) If you or your household did not maintain minimum essential health coverage:		
1) Were you offered coverage through your or your spouse that you declined?	<input type="checkbox"/>	<input type="checkbox"/>
2) If yes, did the coverage offer minimum value and was it affordable?	<input type="checkbox"/>	<input type="checkbox"/>
3) Were you or any member of your household eligible for Medicare or Medicaid but did not enroll?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 19) Did you and your family receive any advance premium tax credits?	<input type="checkbox"/>	<input type="checkbox"/>
1) If yes, enclose Form 1095-A, <i>Health Insurance Marketplace Statement</i> .		
<hr style="border-top: 1px dotted #000;"/>		
▶ 20) Are more than one tax household sharing the premium tax credit? Examples include adult nondependent children, situations of divorce or new marriage.	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 21) Do you want any federal or state refund deposited directly into your bank account? If yes, enclose a voided check.		
a. Do you want any balance due directly withdrawn from this same bank account on the due date?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you want next year's estimated taxes withdrawn from this same bank account on the due dates?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 22) Do either you or your spouse have any outstanding child or spousal support payments or federal debt?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 23) If you owe federal or state tax upon completion of your return, are you able to pay the balance due?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 24) Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 25) Did you receive any 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 (Form 1099R)?	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 26) If you received an IRA distribution, which you did not roll over, provide details (Form 1099R).	<input type="checkbox"/>	<input type="checkbox"/>
<hr style="border-top: 1px dotted #000;"/>		
▶ 27) Did you "convert" IRA funds into a Roth IRA? If yes, provide details (Form 1099R).	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
▶ 28) Did you receive any disability payments this year? Do you have taxable distributions from an ABLE account?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 29) Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 30) Did you sell or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD-1) and Form 1099-S.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 31) Did you collect on any installment contract during the year? Provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 32) Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099-DIV?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 33) During this year, do you have any securities that became worthless or loans that became uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 34) Did you receive unemployment compensation? If yes, provide Form 1099-G.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 35) Did you receive, or pay, any Alimony during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 36) Did you have any casualty or theft losses during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 37) Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 38) Did you, or do you plan to contribute before April 18, 2015, to a health savings account (HSA) for last calendar year? If yes, provide details. (Note that some states may have different due dates such as ME or MA).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 39) Did you, or do you plan to contribute before April 18, 2016, to a health savings account (HSA) for last calendar year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
▶ 40) Did you receive any distributions from a HSA? If so, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 41) Has the IRS, or any state or local taxing agency, notified you of changes to a prior year's tax return? If yes, provide copies of all notices or correspondence received.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 42) Are you aware of any changes to your income, deductions and credits reported on any prior years' returns?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 43) Did you purchase gasoline, oil, or special fuels for non-highway use vehicles? or dividends not reported on Forms 1099-INT or 1099-DIV?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 44) Did you purchase an energy-efficient or other new vehicle? If yes, provide purchase invoice.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 45) If you, or your spouse, have self-employment income, did you pay any health insurance premiums or long-term care premiums?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 46) If you, or your spouse, have self-employment income, do you want to make a retirement plan contribution?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 47) Did you acquire any "qualified small business stock"?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 48) Were you granted or did you exercise any stock options? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 49) Were you granted any restricted stock? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 50) Did you pay any household employee over age 18 wages of \$1,800 or more?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide copy of Form W-2 issued to each household employee.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
▶ 51) Did you surrender any U.S. savings bonds?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 52) Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 53) Did you realize a gain on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 54) Did you start a business?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 55) Did you purchase rental property? If yes, provide settlement sheet (HUD-1).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 56) Did you acquire or dispose of any interests in partnerships, LLCs, S corporations, estates or trusts this year? If yes, provide Schedule K-1 that the Organization has issued to you.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 57) Do you have records to support travel, entertainment, or gift expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 58) Has your will or trust been updated within the last three years? If yes provide copies.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 59) Did you incur expenses as an elementary or secondary educator? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 60) Did you make any energy-efficient improvements (remodel or new construction) to your home?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 61) Can the IRS and state tax authority discuss questions about this return with the preparer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 62) Did you make any large purchases or home improvements?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 63) Did you pay real estate taxes on your principal residence? If so, how much? _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 64) Have you been a victim of identity theft in prior years? If you have a federal IP PIN, please contact us.	<input type="checkbox"/>	<input type="checkbox"/>

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ESTIMATED TAX PAYMENTS MADE

PRIOR YEAR OVERPAYMENT APPLIED	FEDERAL		STATE (NAME):	
	DATE PAID	AMOUNT PAID	DATE PAID	AMOUNT PAID
1ST QUARTER				
2ND QUARTER				
3RD QUARTER				
4TH QUARTER				

WAGES, SALARIES AND OTHER EMPLOYEE COMPENSATION

▶ Enclose all Forms W-2.

PENSION, IRA AND ANNUITY INCOME

YES NO

▶ Enclose all Forms 1099-R.

▶ 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) Have you elected a lump sum treatment for any retirement distributions after 1986?

SOCIAL SECURITY BENEFITS RECEIVED

▶ 1) Enclose all 1099 SSA Forms.