2015 Individual Taxpayer Organizer

Name of Taxpayer							SS#				
Fin	rst	M.I.	Last	Ema	il		1				
Occupation			Date of birth				Are you n	ew to our	firm?	Yes	No
Address			City				State		Zip		
County			Home phone				Work or c	ell			
Name of Spouse							SS#				
Fin	rst	M.I.	Last	Ema	il		1				
Occupation			Date of birth				Are you n	ew to our	firm?	Yes	No
(Enter information below or	ıly if different fr	om Taxpayer)	1				ı				
Address			City				State		Zip		
County			Home phone				Work or c	ell			
If you moved during 2015	5, enter your p	revious address	S.				Date of m	ove			
Were you divorced or sep Have you received any no Same-sex married couple where the married couple Names of dependent chi Child's full name	otice from the I s are required to e lives. Same-se Idren	RS or state reverse file as Married couples as Married couples as Married couples are social Security ove \$1,050 for the state of the s	enue department wit ed Filing Jointly or M ples may also want to /#	hin the arried of file ar	e past year Filing Sep mended re of birth	er? Yearatel eturns Mont home	for prior ta hs lived in in 2015	nl returns, x years. Relations taxpayer	regardl	Col stud	lege dent?
Is it anticipated that a different dependents or peo			aim a child listed abo	ve as tl	heir deper	ndent	for tax year	: 2015?	Yes N	Vo	
Name	pre wno nveu	Social Security		Date o	of birth	Relati	ionship	Income			
110000		Joenn Joen III	,	2,,,,,	,, 01,111	10000	enemp	- Income			
If you are due a refund, w	vould you like	it directly depo	osited into your bank	accour	nt? Name o	f bank					
Checking Savings	Routing transi	it number	-		Account	numbe	r				
Ask your tax preparer for	information a	bout depositing	g a refund into an IR	A accou	unt or spli	tting t	he deposit	into more	than or	e acco	unt.

Questions—All Taxpayers

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question. Are either you or your spouse legally blind? Yes Yes No Did you pay or receive alimony in 2015? Paid/Received \$ Recipient's SS# Yes No Did you have health insurance for you, your spouse, and all dependents for the entire year? Yes No Did you purchase health insurance through a public exchange? Yes No Will there be any significant changes in income or deductions next year, such as retirement? LIFESTYLE & TAXES Yes No Have you paid alternative minimum tax (AMT) in previous years? Yes No Did you pay anyone for domestic services in your home? Yes No Did you purchase a new energy-efficient car, truck, or van? Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled? Yes No Yes No Are you a member of the military? Yes No Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account? Yes No Would you like to allow your tax preparer or another person to discuss your return with the IRS? PIN (any five digits) Designee's name Yes Were any children born or adopted in 2015? Yes No Were any children Year in Paid by you: Tuition \$ Student loan interest \$ Books \$ attending college? college Paid by student: Tuition \$ Student loan interest \$ Books \$ CHILDREN & EDUCATION Other expenses (add statement if needed) Yes Did you pay any tuition for a private school for a dependent or take classes yourself? No Student Amount paid \$ Name and address of school Yes Did you pay for child or dependent care so you could work or go to school? (add statement if needed) Name of provider EIN or SS# Address Amount paid \$ Yes Do you have any children who earned more than \$2,100 of investment income? No Yes No Did you, or will you, contribute any money to an IRA for 2015? INVESTMENTS Did you roll over any amounts from a retirement account in 2015? No Yes Did you sell or transfer any stock or sell rental or investment property? Yes No Yes No Did you have any investments become worthless or were you a victim of investment theft in 2015? Yes No Were you granted, or did you exercise, any employee stock options during 2015? DEDUCTIONS Yes No Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details. Yes Did you pay sales taxes on a major purchase in 2015, such as a vehicle, boat, or home? No Yes No Did you have any uninsured loss to your property in 2015? Did you work from a home office or use your car for business? Yes No BUSINESS Yes No Did you receive any income from an installment sale? Yes No Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture? Yes No Did you purchase or sell a main home during the year? If yes, provide closing statement. Yes If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details. No Yes No Did you refinance a mortgage or take a home equity loan? (Provide closing statement) Yes No Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home? Yes No Did you make any new energy-efficient improvements to your home? If yes, provide details. State information Full-year resident Part-year resident Nonresident States of residence during 2015 and dates School district Do you rent or own your home? Own

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicat	e "T" for taxpayer, "S" for spouse, "J" for joint				Pro	vide additio	nal statemen	ts if mo	ore room is needed
Forms	W-2—Wage and Tax Statement								
T/S	Employer name		T/S	Er	nploye	er name			
	1)			4)					
	2)			5)					
	3)			6)					
Forms	1099-INT—Interest Income								
T/S/J	Name of issuer		T/S/J	N	ame of	issuer			
	1)			4)					
	2)			5)					
	3)			6)					
Forms	1099-DIV—Dividends and Distributions								
T/S	Name of issuer		T/S	N	ame of	issuer			
	1)			4)					
	2)			5)					
	3)			6)	6)				
Forms	1099-R—Distributions From Pensions, Annuities, Ro	etiremen	t or Profit	t-Sh	aring F	Plans, IRAs,	Insurance Co	ontract	ts, Etc.
T/S	Name of issuer		T/S	N	ame of	issuer			
	1)			4)					
	2)			5)					
	3)			6)					
If the d	istribution is before age 59½, give a reason to determ	ine if an	exception	to p	enalty	applies.			
Tax-Ex	empt Interest (such as municipal bonds—include sta	itement)							
Payer	\$		Payer						\$
Other 1	Income								
State ta	x refund	\$				Unreported	d tips	\$	
Alimor	ny	\$				Other		\$	
Unemp	ployment compensation	\$						\$	
Social S	Security (taxpayer)—provide SSA-1099 or RRB-1099	\$						\$	
Social S	Security (spouse)—provide SSA-1099 or RRB-1099	\$						\$	
	ss income (see Sole Proprietorship Tax Organizer)					Stock sales		See "	Sales and Exchanges
Rental	income (see Rental Property Tax Organizer)					Sale of oth	er property		sheet" below.
Sale	es and Exchanges Worksheet								
Provid	e information about sales of stock, real estate, or other	r proper	ty, along v	vith	Forms	1099-B, 1099	9-S, or other	suppoi	rting statements.
Descrip	tion of property	Purc	chase date		Cost/b	vasis	Sell date		Sale price

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

\$

\$

\$

\$

- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$6,300 Single, \$12,600 MFJ, \$9,250 HOH, or \$6,300 MFS to be a tax benefit.

Dentists \$ Hospitals \$			Cash	\$			
\$	Insurance	\$					
\$	Prescriptions	\$	items must be in go	ood used condition	on or better.	\$	
\$	Other	\$			directly to a		
	@ 23¢					\$	
not include taxes	paid for full or partia	ıl business or					
ıg		Reported on W-2					
taxes—paid in 20	15	\$			1		
-residence		\$					
nte tax—other		-other		\$	job-related expense	sheet.	
ty taxes		\$	Were any expenses reimbursed by your employer? Yes				
ınd—received in	2015	\$()	Dues	\$	Supplies	\$	
		\$	Investment	\$	Tax prep fees	\$	
		\$					
		\$		· ·		\$	
	ear returns (do not		·	1		\$	
		\$		· ·		\$	
			Licenses	\$	Other	\$	
			Safety equipment	\$	Other	\$	
			Subscriptions	\$	Other	\$	
perty, including	business use of the ho	ome. Provide all	Other Miscellane subject to a 2% of in	ous Deductions ncome limit.	s. The following ded	uctions are not	
haer miormation	Equity loan	\$	Gambling losses	\$	Federal estate tax on IRD	\$	
	Equity loan	\$	Impairment-	\$	Loss from box 2,	\$	
Points \$ Investment interest \$			related expenses		K-1, Form 1065B		
nortgage insuranc	e premium when you	ı purchased your h	ome? Amount \$	Date			
	to be a benefit—enses that were resenses that were resenses that were resenses that were researched in the second of the second	to be a benefit—include cost for deperenses that were reimbursed by insurant \$ Hospitals \$ Insurance \$ Prescriptions Other @ 23¢ not include taxes paid for full or partiarty, including business use of the homogen axes—paid in 2015 residence -other ty taxes and—received in 2015 2015 from prior year returns (do not bor penalties) ceipts for sales tax paid during 2015? Be a car, plane, boat, or home in 2015? Purchase paid \$ Date On not include interest paid for full or partial pa	\$ Insurance \$ Prescriptions \$ Other \$	to be a benefit—include cost for dependents—do not enses that were reimbursed by insurance. \$ Hospitals \$ Cash \$ Noncash contributions, provide the taxpayer retains the taxpayer retains the taxpayer retains to the taxpayer retains to the taxpayer retains to the taxpayer retains the taxpayer retains to the taxpayer retains the taxpayer retain	to be a benefit—include cost for dependents—do not enses that were reimbursed by insurance. \$ Hospitals \$ Cash \$ Insurance \$ Noncash contributions (FMV). Clother the taxpayer retain documentation for the taxpayer retain documents for the poor user for the taxpayer retain documents.	to be a benefit—include cost for dependents—do not enses that were reimbursed by insurance. \$ Hospitals \$ Cash \$ Prescriptions \$ Noncash contributions (FMV). Clothing or household items must be in good used condition or better. \$ Other \$ Did you transfer funds from an IRA directly to a charity? Yes No Charitable mileage Casualty and Theft Losses If you suffered any sudden, unexpected damage or loss theft, provide details to your tax preparer. Yes No Miscellaneous Itemized Deductions. The following received in 2015 \$ Miscellaneous Itemized Deductions. The following received in 2015 \$ Dues \$ Supplies Investment \$ Supplies Investment \$ Supplies Investment \$ Job education \$ Tools Job eac a car, plane, boat, or home in 2015? Yes No Purchase paid \$ Date Do not include interest paid for full or partial business or retry, including business use of the home. Provide all noter information and ID numbers. Equity loan \$ Impairment \$ Cash	

Other Deductions or Questions

• Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Legal expenses are deductible only if related to producing or collecting taxable income.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet	
Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$
Health savings account deduction (HSA).	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2015 may be made in 2016.	\$
<i>Self-employed health insurance deduction.</i> Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2015 may be made in 2016.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.	\$
Moving expenses. Job-related move and at least 50 mile increase in commuting distance.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer

Estimated Tax Payments — Tax Year 2015									
Installment	Date paid	Federal	Date paid	State					
First		\$		\$					
Second		\$		\$					
Third		\$		\$					
Fourth		\$		\$					
Amount applied from 2014 refund?		\$		\$					
Total		\$		\$					

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.

Copy of all acknowledgement letters received from charitable organizations for contributions made in 2015.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Contact Us

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions.
- Significant change in income or deductions.
- Job change.
- Marriage.
- Attainment of age 59½ or 70½.
- Sale or purchase of a business.
- Sale or purchase of a residence or other real estate.
- Retirement.
- Notice from IRS or other revenue department.
- Divorce or separation.

- Self-employment.
- Charitable contributions of property in excess of \$5,000.
- Gifts (over \$14,000 to an individual).

Sole Proprietorship Tax Organizer

Sole Proprie	etor General Information					
Name of sole	proprietor					
Business nan	ne (if different)			E	IN (if applicable)	
Business add	ress (if different from home address)			,		
Principal bus	siness activity			D	ate business starte	d
Principal pro	duct or service					
Yes No	Was the primary purpose of the l	ousiness activity	to realize a profit?			
Yes No	7 71 1					
	Has the business reported any lo		ars?			
Accounting r		ther (specify)				
	Does the business file under a cal	lendar year? (<i>If</i>	no, what is the fiscal year?)			
	etor Specific Questions					
	Did you pay any family member					
Yes No	Did you make any payments of \$					
Yes No	If Yes, did you issue Form 1099-N	AISC? List name	and social security number			600 or more.
	Name			SSN		
N/ NT	Name	1	7 10 1	SSN		
Yes No	Did you make, or do you plan to	make, any con	ributions to a self-employ			ф
V N-	Type of plan	/ 1 1 - 1 :	2 ICV		ount contributed	\$
Yes No	Did you pay for your own health	i/dental insura	nce! If Yes, provide amount	of premiums paia auri	ng tne year.	\$
Yes No	Did you have any employees?	anations in 2015	2			
Yes No	Did you have any bartering trans	sactions in 2015	<u>{</u>			
	etor Business Income	0.1600.11.1			* * '	
	s or sales (if you received Forms 109)		, , , , , , , , , , , , , , , , , , , ,	rately from gross receip		\$
Form 1099		\$	Form 1099-K		\$	
Form 1099		4	Form 1099-K		\$	d.
Returns and	orms 1099-MISC and 1099-K receiv	rea				\$
		.\				\$ ()
	e (not included in gross receipts above IISC. You may receive Form 1099-		of Form M. 2) if you are no	at alossified as an am	players If year mage	1
	re generally required to file Schedu					
	f-employment (SE) tax on the income		oco i rom zmomeco, ciami a	ity expenses association		ie recerved, uria
Sole Proprie	etor Cost of Goods Sold (for manuf	facturers, wholes	alers, and businesses that n	nake, buy, or sell goods	s)	
	the beginning of the year		· · · , · · · · · · · · · · · · · · · · · · ·	, ., ., , ,	.,	\$
Purchases	3 0 7					\$
Cost of labor						\$
Materials and	d supplies					\$
Inventory at	the end of the year					\$
Sole Proprie	etor Business Expenses					
Advertising	•	\$	Office supplies			\$
Bad debts		\$		irst year of business)		\$
Bank charges	S	\$	Pension and pro	ofit sharing plans		\$
Business lice:	nses	\$	Rent or lease – c	ar, machinery, equip	ment	\$
Commissions	s and fees	\$	Rent or lease – o	ther business proper	ty	\$
Contract labor	or*	\$	Repairs and mai	intenance		\$
Employee be	nefit programs	\$	Supplies (not inc	cluded in inventory cos	t)	\$
Employee he	alth care plans	\$	Taxes – payroll*			\$
Entertainme	nt and business (in town) meals	\$	Taxes – property	7		\$
Gifts		\$	Taxes – sales			\$
Insurance (ot	her than health insurance)	\$	Taxes – state			\$
Interest – mo		\$	Telephone			\$
Interest – oth		\$	Utilities			\$
Internet serv		\$	Wages*			\$
	ofessional services	\$	Other			\$
Management			Other			\$
*Provide cop	oies of Form W-3, Form 940, Form 9	941, Form 1096,	Form 1099-MISC, and any	y state tax forms filed	1.	

Other Rusing	ass Fynansas – I	ist out type and expens	o amount							
Other Dusille	ess exhauses – r	ısı vul type and expens	se amount \$						\$	
			\$						\$	
			\$						\$	
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Car Evnance	ne /uga a canarata fe	orm for each vehicle)	Ι Ψ						Ψ	
		orni for each vehicle)			Data	l	-i			
Make/Model		م مناسب المسام ما المسام م	off dustry bosses		Date car	r placed in serv	/ice			
Yes No		personal use during		-12	D: 1	. (4 . 1	(l-1	2 1/	NT-	
Yes No	Do you for your Do you have evice	spouse) have any oth	er cars for persona	ai use:		trade in your trade-in		r? Yes e-in value	No)
Yes No	Is your evidence				\$	trade-in	\$	e-in value		
ies no	is your evidence				Þ		1 1	2011.000		
Roginning of	year odometer	Mileage			Gas/oil		Actual Exp	ienses		
End of year o	•				Insuran		\$			
Business mile						fees/tolls	\$			
Commuting i						ntion/fees	\$			
Other mileag					Repairs	ition/lees	ф ф			
choose betwee	ver, to use the star een either the stand nses	ndard mileage rate, it dard mileage rate me	thod or actual exp	enses.						
poses. Howe choose betwee Travel Exper • Meals. You home on but	ver, to use the star een either the stand nses can deduct the consiness. You can us	ndard mileage rate, it	thod or actual exp eling away from our meals or the	• Tra	vel/Lodg	ing. You can aveling away for the transfer are transfer a	deduct the	ordinary a	nd usin	necessary ex
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poses. Howe choose betwee Travel Exper • Meals. You home on bustandard m	ver, to use the star een either the stand ISES can deduct the cos Isiness. You can use eal allowance per	ndard mileage rate, it dard mileage rate me st of meals while trav se the actual cost of y	eling away from our meals or the y by location.	• Trapen	vel/Lodg nses of tra luded exp	ing. You can aveling away foenses are tran	deduct the	ordinary a	nd usin	necessary ex ess purposes lging, etc.
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poses. Howe choose betwee Travel Exper • Meals. You home on bustandard m	ver, to use the star een either the stand ISES can deduct the cos Isiness. You can use eal allowance per	ndard mileage rate, it dard mileage rate me st of meals while trav se the actual cost of y	eling away from our meals or the y by location.	• Trapen	vel/Lodg nses of tra luded exp	ing. You can aveling away foenses are tran	deduct the	ordinary a	nd usin	necessary ex ess purposes lging, etc.
poses. Howe choose betwee Travel Exper • Meals. You home on bustandard m	ver, to use the star een either the stand ISES can deduct the cos Isiness. You can use eal allowance per	ndard mileage rate, it dard mileage rate me st of meals while trav se the actual cost of y	eling away from our meals or the y by location.	• Trapen	vel/Lodg nses of tra luded exp	ing. You can aveling away foenses are tran	deduct the	ordinary a	nd usin	necessary ex ess purposes lging, etc.
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poses. Howe choose betwee Travel Experience • Meals. You home on bustandard management of the control of the co	ver, to use the starden either the standen either the consiness. You can use eal allowance per er per diem)	ndard mileage rate, it dard mileage rate me st of meals while trav se the actual cost of y	eling away from our meals or the by location. # of days in city \$ \$	• Tra per Incl City vi	vel/Lodg nses of tra luded exp sited (for p	ing. You can aveling away foenses are tran	deduct the from your sportation,	ordinary a	nd usin # o	necessary ex ess purposes lging, etc.
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Depreciation. It property you acquire to use in your business is expected to last more than one year, you generally cannot deduct the entire cost as a business expense. Depreciation spreads out the cost of a business asset allowing you to recover the cost or other basis of property over a period of years. It is an annual allowance for the wear and tear, deterioration, or uselessness of property. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers	For Day Care Only				
A) Business use area (square footage)		1) Hours used for day care			
B) Total area of home (square footage)		2) Total hours in year	8,760 hrs.		

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2014, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$
Depreciation of the Home					
Lower of cost or fair market	value of home	\$	Improvements?	Yes No	
Value of land		\$	Casualty losses in 2015?	Yes No	
Depreciable basis of home		\$	Use as an employee?	Yes No	

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if the taxpayer uses the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

Storage of inventory or product samples—exception to exclusive use test. A taxpayer using part of a home for business to store inventory or product samples is not required to meet the exclusive use test. However, the taxpayer must meet all the following tests.

- The taxpayer is in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- The taxpayer's home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The regular use test means a taxpayer must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400
 or more, or you had church employee income of \$108.28 or more. The SE
 tax rules apply no matter how old you are and even if you are already
 receiving Social Security or Medicare benefits.
- For 2015, the SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$117,000 (2014) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.