**ATS TAX LLC**

**DBA LINDA MORLANG TAX SERVICES**

1154 E. YORBA LINDA BLVD

PLACENTIA, CA 92870

|  |
| --- |
| MAIN INFORMATION |
| Taxpayer Name:  |  | SSN No. |  | Birthday/Age: |
| Spouse Name: |  | SSN No. |  | Birthday/Age: |
| Address: |  | Telephone (Home):  |  |
|  |  | Telephone (Work) |  |
| Cell Phone: Taxpayer: |  | Spouse |  |
| Email Address: Taxpayer: |  | Spouse |  |
| Occupation: Taxpayer: |  | Spouse |  |
|  Marital Status: Choose an item. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State of Residency** | Choose an item. | Choose an item. | Choose an item. | If Part Year, From       To       |
| Choose an item. | Choose an item. | Choose an item. | If Part Year, From       To       |
| Choose an item. | Choose an item. | Choose an item. | If Part Year, From       To       |

**Dependents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Birthdate/Age | Social Security Number\* | Relationship | No. of Months lived in your home in 2015 | No. of Months of Qualifying Healthcare Coverage |
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**\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.**

Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students       Attach 1098-T

**Taxpayer:** Choose an item. ⁭ **Spouse:** Choose an item.

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2015.**

**YES NO**

**⁭****[ ]  ⁭****[ ]**  Did you receive any employer-provided educational assistance? $

**⁭****[ ]** **[ ]** Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?

**[ ]** **[ ]**  Did you contribute to a Qualified State Tuition Plan?

 [ ]  [ ]  If you are an educator, did you have unreimbursed work-related expenses? Amount: $

**⁭****[ ]** **[ ]**  Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or

 tax sheltered annuity plan? If yes, please circle above which ones.

**⁭****[ ]** **[ ]** If yes, were you or your spouse at least 70 ½ years of age on Dec. 31st?

**[ ]** **[ ]** Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:
 Withdrawn: $      Date:       Re-deposited: $      Date:

 [ ]  [ ]  Were any funds withheld? ⁭ Yes ⁭ No Amount: $

 Were the withdrawn funds used to pay medical expenses? ⁭ Yes ⁭ No

**[ ]** **[ ] ⁭** Were you called to active duty before you withdrew the amounts?

**⁭****[ ]** **[ ]** If you are self-employed, did you pay health insurance premiums for yourself and your family?
 Amount: $

**⁭****[ ]** **[ ]** Did you pay alimony? If yes, paid to:      SS no.:       Amount Paid: $

**⁭****[ ]** **[ ]** Did you have any adoption expenses? $

**⁭****[ ]** **[ ]** Did you receive gifts in excess of $15,601 from a foreign entity?

**[ ]** **[ ]** Did you receive gifts in excess of $100,000 from a foreign person?

**⁭****[ ]** **[ ]** Did your college student receive educational benefits under a prepaid tuition program?

**⁭****[ ]** **[ ]** Do you wish to designate $3 of your taxes to the Presidential Campaign Fund?

**⁭****[ ]** **[ ]** Did you receive an advance child tax credit payment? If yes, how much? $

**⁭****[ ]** **[ ]** Have you ever qualified for the Earned Income Tax Credit?

**⁭****[ ]** **[ ]** Did you purchase an alternative fuel motor vehicle?

**[ ]** **[ ]**  Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on

 date of loss), insurance information regarding coverage, reimbursement and police report.

**⁭****[ ]** **[ ]** Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?

**⁭****[ ]** **[ ]** Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric

 equipment, geothermal heat pumps or wind turbines and fuel cell plants?

**⁭****[ ]** **[ ]**  Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?

**⁭****[ ]** **[ ]** Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage

(i.e. Medicare/Medicaid) for every month of 2015 for your family? "Your family" for health care coverage refers to you, your

 spouse if filing jointly, and anyone you can claim as a dependent.

 [ ]  [ ]  If you or any member of your family did NOT have coverage all year, indicate the # of months of coverage for each person

 in the dependent section at the beginning of this organizer.

**⁭** **[ ]** **[ ]** Did anyone in your family qualify for an exemption from the health care coverage mandate?

**⁭** **[ ]** **[ ]** Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please

provide any Form(s) 1095-A you received.

**Estimated Tax Payments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | TOTAL |
|  | Date Paid | Amount | Date Paid | Amount | Date Paid | Amount | Date Paid | Amount |
| Federal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **Number of:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income** | **W-2** | **1099-INT** | **1099-DIV** | **1099-R** | **1099-MISC** | **1099-SSA** |
| **Taxpayer** |  |  |  |  |  |  |
| **Spose** |  |  |  |  |  |  |

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| --- | --- | --- |
| **Interest and Dividends not on 1099** | **Income** | **Amount** |
| **Name of Institution:** | **Amount:** | **Taxable refunds, credits, or offsets of state and local income taxes** |  |
|  |  | **Alimony received** |  |
|  |  | **Unemployment compensation** |  |
|  |  | **Other income** |  |

**Total Municipal Bond Interest Earned in 2015: $**

**Only for State of Iowa, Federal refund received: $**

**For seller financed mortgage:**

|  |
| --- |
| **Buyer's Name:** |
| **Social Security Number:** |
| **Address:** |

**Did you have funds in a foreign account/s more than $10,000 at any point in the year?** Choose an item. **If yes provide details**

**Di you have Foreign Financials Assets more than $100,000 MFJ ($50,000 Single/MFS)?** Choose an item. **If yes provide details**

**Did you have any stock sales in 2015?** Choose an item. **If yes, submit all 1099B forms.**

**Installment Sale Payments Received: Interest $**      **Principal $**       **Buyer’s name:**       **SS #**       **Address:**

|  |  |
| --- | --- |
| **California/Massachusetts:** | **Rent Paid: $** |
| **Indiana:** | **Rent Paid: $      and Attach details** |
| **Minnesota:** | **Attach Property tax credit details** |
| **Wisconsin:** | **Rent Paid: $      ,** Choose an item. |

**Moving Expenses:**

Enter No. of miles from your old home to your *new* workplace:

Enter No. of miles from your old home to your *old* workplace:

Date of Move:       Arrival at New Location:

|  |  |  |  |
| --- | --- | --- | --- |
| Cost to Ship and Pack Household Goods: |  | Reimbursements (on W-2)? |  |
| Cost to Travel to New Home: |  | Other: |  |
| Cost of Lodging during Move: |  |  |

**Retirement Contributions for 2015** Do you want to make any nondeductible IRA contributions? Choose an item.

|  |  |  |
| --- | --- | --- |
|  | Taxpayer | Spouse |
| IRA or Roth, Specify |  |  |
| SEP |  |  |
| Keogh |  |  |
| Other: |  |  |

Amount

|  |  |
| --- | --- |
| Educator Expenses |  |
| Health savings account deduction. Attach form 8889 |  |
| Penalty on early withdrawal of savings |  |
| Alimony Paid: ( Recipient's SSN:       ) |  |
| Student loan interest deduction |  |

**Child Care Deductions** (Number of Dependents Qualifying:      )

|  |  |  |  |
| --- | --- | --- | --- |
| Provider’s Name & Address (Include Individual’s Name and/or Org. Name) | Phone Number | SS No. or Federal ID | Amount |
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Did you receive employer-provided dependent care assistance benefits? Choose an item. Amount: $

**Personal Itemized Deductions**

**Medical Amount**

Prescription Drugs………………….

Medical Insurance Premiums..……..

Long Term Care Ins. Premiums……

Medicare Premiums………………..

Doctors/Dentists……………………

Clinic/Lab Tests……………………

Hospitals……………………………

Eyeglasses/Hearing Aids…………..

Orthopedic Shoes/Braces…………..

Medical Long Distance Phone…….

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_..................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_..................

\_\_\_\_\_ Miles.....................................

Fares: Taxi, Bus, etc.........................

Do you have a medical savings acct.?

**Interest**

Deductible Home Mortgage Interest Paid to

Financial Institutions………………

Home Equity Interest………………..

Deductible Home Mortgage Interest Paid to

Individuals:\*

Name Address

Social Security No.:\*

 \*Failure to provide is subject to a $50 penalty.

Deductible Points (Include Amortization

Points from Prior Years)…………

Investment Interest (list)……………

     .............

     .............

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**Taxes**

Real Estate…………………...……….

Personal Property……………….……

State & Local Income Tax……………

State & Local General Sales Tax.\*........

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.....................

\*Not yet extended

**Charitable Contributions**

Cash Contributions\*\_\_\_\_\_\_\_\_\_\_\_.......

     .........

     .........

     .........

Other Than Cash Contributions…….

     ............

     .............

\_\_\_\_\_\_Miles for Charity ……………

\*Contributions of $250 or more require written substantiation from the organizations.

**Miscellaneous Deductions Subject to 2% AGI**

Unreimbursed Employee Business Expense

Union & Professional Dues……………

Safe Deposit Box Rental……………..

Tax Return Preparation Fee………….

Business Publications………………

Business Telephone Calls……………

Tools, Supplies, Equipment…………

Employment-Related Education……

Investment Expenses………………

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_....

**Miscellaneous Deductions Not Subject to 2% AGI**

Gambling Losses (limited to winnings)..

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**Employee Business Expense**

**Travel Expense Amount**

Air Fares…………………………

Auto Rentals……………………

Entertainment……………………

Garage……………………………..

Hotel/Motel……………………….

Meals……………………………...

Parking……………………………

Postage…………………………….

**Automobile Expense**

|  |  |  |
| --- | --- | --- |
| **Total Miles Driven** | **Car 1** | **Car 2** |
| Total Mileage |  |  |
| Business Mileage  |  |  |
| Business Use % |  |  |
| Average Daily Commuting |  |  |
| Written Records Available | Y/N | Y/N |
| Is another vehicle available for personal use? | Y/N | Y/N |
| Is an employer-provided vehicle available for personal use? | Y/N | Y/N |

 **Amount**

Road Tolls……………………

Taxi, Subway………………………

Telephone, Telegraph………………
Tips…………………………………

Other……………………………….

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Actual Automobile Expenses** |  |  |
| Gas & Oil |  |  |
| Insurance |  |  |
| Licenses |  |  |
| Lubrication |  |  |
| Repairs |  |  |
| Tires, Tire Repair |  |  |
| Wash |  |  |
| Other: |  |  |
|  |  |  |

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| --- |
| **Business Use of Home** |
| Total Area of Home:       sq. ft. | Total area Used for Business:       sq. ft |
| Nature of Business Activity Performed in Home:       |
| Was Another Office Available to You Outside the Home? |       |
|  |
| **Non-Exclusive Use by Day Care Providers Only:** |
| Hours/Day Used for Day Care:       | Days/Year Used for Day Care:       |

|  |
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| **Household Employee Information** |
| Household Employer EIN: |  |
| Did you pay any one household employee $1,900 or more in 2015? |  |
| Did you withhold Federal income tax during 2015 at the request of any household employee? |  |
| Did you pay total cash wages of $1,000 in any calendar quarter of 2015 to household employees? |  |
| Was the employee under age 18? YES [ ]  NO [ ]  Student? |  |
| Do you have a Form I-9 on file for your household employee?  |  |
| Household Employee Name:       | Social Security Number:  |
| Address:      |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gross Wages | FITW | SS Withheld | Employer Share FICA | Advance EIC | FUTA | State Unemployment |
|  |  |  |  |  |  |  |

**Capital Assets Sold** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of Property | Date Acquired | Date Sold | Sale Price | Depreciation Taken (if applicable) | Cost or Basis |
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\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

 **Sale of Personal Residence** (Attach copy of closing/settlement statement)

|  |  |
| --- | --- |
| Date Old Residence Acquired : -  | *Cost or Basis of Old Residence:-*  |
| Cost of Improvements (landscaping, driveway, roof, etc.) |  |
| Date Old Residence Sold: -  | *Selling Price: -*  |
| Expenses of Sale (commissions, legal fees, points, deed stamps, etc.) |  |
| Was any part of residence rented or used for business? |  |
| Was it your principal place of residence for 2 of the last 5 years, ending on date of sale? |  |
| Date New Residence Acquired (or construction began) |  |
| Date you occupied new residence: -  | *Cost of New Residence: -*  |
| If married do you and/or your spouse meet the ownership and residence requirements? |

**Rental Income** (Attach 1099 Forms)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Property Description |  |  |  |  |  |  |  |  |
| Gross Income |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expenses |  |  |  |  |  |  |  |  |
|  Advertising |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Auto & Travel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Cleaning & Maintenance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Commissions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Professional Fees |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Mortgage Interest |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Other Interest |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Repairs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Supplies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Taxes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Utilities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Wages/Schedule |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| % Occupancy by Taxpayer |  |  |  |  |  |  |  |  |

**Depreciable Asset Additions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For ScheduleC, E, F, 2106 | Description | Date Purchased | Cost | Trade-In (if any) |
|  |  |  |  |  |  |  |
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**Improvements to Personal Residence** Note: If you refinanced your home this year, please bring a copy of your closing statement.

|  |  |  |  |
| --- | --- | --- | --- |
| For ScheduleC, E, F, 2106 | Description | Date Purchased | Cost |
|  |  |  |  |  |
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| **Business Income (Attach 1099-MISC Forms)** |
| Business Name:       |
| Federal ID No.:       |
| Principal Business Activity:       |
| Principal Product:       |
| Method Used to Value Inventory:       |
| Accounting Method: Choose an item. |

**Gross Income** **Amount**

Interest—Other……………………..

Gross Income……………………….

Less Returns/Allowances……………..

**Cost of Sales**

Beginning Inventory…………………..

Purchases……………………………...

Cost of Labor………………………….

Materials and Supplies………………..

Freight In……………………………..

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_....

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_...

Ending Inventory……………………..

**Deductions Amount**

Advertising…………………………

Auto-Truck Expense……………….

Bad Debts…………………………..

Collection Expense…………………

Commissions……………………….

Professional Dues & Subscriptions. .

Employee Benefit Program………..

Freight & Express ………………..

Utilities…………………………

Insurance…………………………..

Insurance-Mortgage………………..

Janitorial & Cleaning………………..

Laundry……………………………..

Legal & Accounting Fees…………..

Office Expense……………………..

Postage……………………………..

Rent………………………………...

Repairs……………………………..

Salaries……………………………..

Supplies…………………………….

Telephone…………………………..

Travel………………………………

Total Meals & Entertainment………

     ............

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| --- |
| **Business Use of Home** |
| Total Area of Home:       sq. ft. | Total area Used for Business:       sq. ft |
| Nature of Business Activity Performed in Home:       |
| Was Another Office Available to You Outside the Home? |       |
|  |
| **Non-Exclusive Use by Day Care Providers Only:** |
| Hours/Day Used for Day Care:       | Days/Year Used for Day Care:       |

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. Choose an item.

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year’s income tax returns for which I have adequate contemporaneous records.**

 Signature Date