

SCH F - FARM INCOME & EXPENSES

Federal ID No. (If applicable)	
PRODUCE & STOCK SALES - Raised on Farm	
Kind	Amount
Cattle	
Brood Cows / Bull / Animals - Sold 2 yrs or older	
Total Cattle	
Hogs	
Tobacco	
Soybeans	
Other Grains	
Patronage Dividends - 1099 PATR	
Agriculture Program Payments	
Crop Insurance Proceeds	
Custom hire (machine work) income	
Other income, including fuel tax credit or refund	
TOTAL	

Sale of Livestock you bought for resale			
Livestock Type	Date Bought	Cost	Selling Amount
TOTAL			

EQUIPMENT PURCHASED	Amount
BROOD STOCK PURCHASED	Amount

FARM EXPENSES continued	Amount
Other (land, animals, etc.)	
Repairs and maintenance	
Seeds and plants purchased	
Storage and warehousing	
Supplies purchased	
Taxes	
Water, Electric, Tel, Cell Phone	
Office Exp., Postage	
Veterinary, breeding and medicine	
Dues & Subscriptions	
Safety Deposit Box	
Legal, Accounting, Tax Prep.	
Other expenses (specify)	
TOTAL	

FARMERS FUEL TAX CREDIT
(Gas or Diesel Purchased at Service Station but used in Tractor, or off road)

Number of gallons of gasoline used
Number of gallons of diesel used
Number of gallons of oil used

QUESTIONS

- INCLUSIONS**
I have included with this form: (please check)
- W2's
 - 1098T
 - 1099's
 - 1099's MISC
 - 1099 K
 - 1095 A
 - 1095 B
 - 1095 C
 - Purchase & Selling agreements for real estate, stocks, etc.

NOTICE: "You are required by law to keep records that will enable you to prepare a complete and accurate Income tax return. Although the law does not require any special form of records, you must retain all receipts, cancelled checks, and other evidence to prove amounts claimed as deductions. You must keep your records for as long as their contents may be material in administering any Internal Revenue Law."

Please refer your friends and neighbors to us.

THANK YOU - WE CARE

Appointment Date

Appointment Time

FILLING THIS OUT - HELPS US HELP YOU.

BROWN, BROWN AND ASSOCIATES, P.C.

Certified Public Accountants

TAX ORGANIZER for 2015

Thank you for your referrals.

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Filing Status: Single Joint Head of Household Married - Filing Separately

YOUR PERSONAL INFORMATION

Name	SS#	Birthdate / /	Occupation	Work #
Spouse's Name	SS#	Birthdate / /	Occupation	Work #
Address				
Dependents Full Name	Dependents SS#	Relationship	Birthdate	

ESTIMATED TAXES

Overpayment:	April 15, 2015
	June 15, 2015
	Sept 15, 2015
	Jan 15, 2016
Total Paid for this Year	

Have Qualifying Health Insurance Coverage	Yes / No
Have 1095- A, B, C	Yes / No
If no, specify if you have Non-Qualifying Insurance or None	
skype address	
e-mail address	

WAGES AND SALARIES

Please make sure all W-2s are enclosed

Employer	Amount

DIVIDEND INCOME - 1099 DIV

Payor	Amount

RETIREMENTS & ANNUITIES Please make sure all 1099R's are enclosed.

Payor	Amount

INTEREST INCOME - 1099 INT

Total	
Penalty on early withdrawals	

TAX EXEMPT INTEREST INCOME

	Amount

OTHER INCOME

	Amount
Commissions	
Bonuses & Prizes	
Alimony received	
State Tax refund	
Unemployment Compensation	
Gambling / Lottery	
Husband's Social Security / Railroad Retirement	
Wife Social Security / Railroad Retirement	
Other (List)	

CANCELLATION OF DEBT / 1099C

	Amount
Credit Cards or Other	
Mortgages	

SALES OF PROPERTY, STOCK, EQUIPMENT OR TIMBER

List below any buildings, land and/or equipment sold, 1099B/1099S	Date Purchased	Purchase Price	Date Sold	Sales

SCH A - DEDUCTIONS

MEDICAL	Mileage	Amount Paid
Doctors, Dentists, etc.		
Total		
Total Medical Miles		

Drugs and Medications

Hospital / Health Insurance Paid	
\$	

TAXES

	Amount Paid
State Income Tax	
Real Estate Tax	
Personal Property Tax	
Sales Tax, Vehicle, Boat, Home	
Sales Tax - New Vehicle	
Make and Model	
Purchase Price	

INTEREST

	Amount Paid
Home Mortgage Interest - Financial Institutions	
Home Mortgage Interest - Individuals	
Other (List)	
Qualified Mortgage Insurance Premiums	
Student Loans	

CONTRIBUTIONS

	Amount Paid
Church	
Goodwill Industries	
COPE	
Red Cross	
KARM	
Other (List)	
Charitable Miles Traveled	

MISCELLANEOUS DEDUCTIONS

	Amount Paid
Union Dues	
Doby	
Assessments	
Books, Publications and Subscriptions	
Tax Return Preparation Fee	
Employment Firm Fees	
Uniforms	
Safe Deposit Box	
Other (List)	
Teachers Supplies	

HEALTH SAVINGS ACCOUNT - 1099SA

	Yes	No
Self		
Family		
		Amount
1099-SA		

EDUCATION CREDIT EXPENSES

	Amount Paid
Tuition Paid	
Fees Paid	
Books	
Student Loan Interest Paid	
HAVE - 1098T REQUIRED	

MOVING EXPENSES

	Miles to Old Job _____	Miles to New Job _____	Amount Paid
Expenses for Moving Household Goods			
Travel from Old to New Residence			
Lodging from Old to New Residence			
Other (List)			
Amount reimbursed by employer			

OVER ROAD TRUCKERS AND OUTSIDE SALES PERSONS

Days Out

TRAVEL

Number of Business Miles Traveled
Total Miles Driven this Year
Make of Vehicle
Year Purchased

OFFICE IN HOME

Square Feet in Office

EMPLOYEE BUSINESS EXPENSE

	Amount Paid
Fares for airplane, boat, bus, taxi, etc.	
Meals & Tips	
Lodging	
Laundry	
Other (List)	
Total	
Amount reimbursed to you	
Grand Total	

TEACHERS

Classroom Supplies
Professional Education

RENTAL INCOME

Type of Property and Address (List each property separately)	Amount
(a)	
(b)	
(c)	
(d)	

RENTAL EXPENSES

	(a) Amount	(b)	(c)	(d)
Advertising				
Auto & Travel				
Cleaning & Maintenance				
Commissions				
Insurance				
Legal and other professional fees				
Management fees				
Mortgage interest paid to banks				
Other interest				
Pest control				
Repairs				
Supplies				
Taxes				
Utilities				
Other (list)				
TOTAL				

CHILD CARE CREDIT

Name of Qualifying Person	Date of Birth	Relationship	Length of Time Lived with You		
	ID# or SS#	Relationship (if Any)	From	To	Paid
Person or Organization Caring for Child					
Name and Address					

Service Stations, Markets, Various Stores, Self Employed, Over Road Truckers, Hair Salons, Car Sales, etc.

SCH C - Profit or Loss from Business - 1099 MISC.
(Sole Proprietorship) (Owner Operator)

BUSINESS INCOME AND EXPENSES

Name of Business	
Federal ID #	
BUSINESS SALES AND INCOME	Amount
Gross Receipts from Business (Money you took in)	
Return and Allowances	
Inventory on Hand - Beginning of Year	
Merchandise Purchased for Resale	
Inventory on Hand - End of Year	

EQUIPMENT PURCHASED

	Amount

HEALTH INSURANCE PAID

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BUSINESS EXPENSES (What you Paid Out)

	Amount
Advertising	
Car and truck expenses or actual	
Commissioned Fees	
Insurance	
Interest mortgage (paid to banks, etc.)	
Interest - Paid to Others	
Legal, Accounting, Tax Service	
Office Expenses	
Rent or Lease of Land & Buildings	
Rent Vehicles, Machinery, and Equipment	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel	
Meals and Entertainment	
Utilities, Telephone, Cell phone	
Wages	
Other Expenses (List type and amount)	
TOTAL BUSINESS EXPENSES	