



2015 TAXPAYER'S CHECKLIST

If mailing in or dropping off tax returns, complete the worksheet.

Please provide documents to substantiate all items of income, deductions and/or credits.

*** ATTN: NEW CLIENTS ***

PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR'S FEDERAL, STATE & LOCAL INCOME TAX RETURNS

TP: _____
 DOB: ____ / ____ / ____ DOD: ____ / ____ / ____
 SSN: _____ - _____ - _____
 Occupation: _____
 Street Address: _____
 City: _____
 Email: _____

SP: _____
 DOB: ____ / ____ / ____ DOD: ____ / ____ / ____
 SSN: _____ - _____ - _____
 Occupation: _____
 Suite/Apt #: _____
 State: _____ Zip: _____
 Email: _____

- (Check all that apply)
- Blind
 - Deaf
 - Hemiplegic
 - Paraplegic
 - Quadraplegic
 - Total & Permanently Disabled

- (Check all that apply)
- Blind
 - Deaf
 - Hemiplegic
 - Paraplegic
 - Quadraplegic
 - Total & Permanently Disabled

Filing Status (check only one): Single Married Filing Joint Surviving Widow(er) w/ Dependent Child
 Head of Household Married Filing Separate → Spouse's Name: _____
 Spouse's SSN: _____ - _____ - _____

During 2015, were you: Married Date: ____ / ____ / ____ Divorced/Legally Separated Date: ____ / ____ / ____
 (Include copy of **ENTIRE** divorce decree or separation agreement)

Child(ren) living w/ you and 18 & under OR between ages 19-23 AND a FULL-TIME student at least FIVE months during the taxable year.

	NAME	DOB	SSN	RELATIONSHIP	# MO. IN HOME	YR of COLLEGE
1.	_____	____ / ____ / ____	____ - ____ - ____	_____	_____	_____
2.	_____	____ / ____ / ____	____ - ____ - ____	_____	_____	_____
3.	_____	____ / ____ / ____	____ - ____ - ____	_____	_____	_____
4.	_____	____ / ____ / ____	____ - ____ - ____	_____	_____	_____
5.	_____	____ / ____ / ____	____ - ____ - ____	_____	_____	_____

- a. Are any of the dependent(s) blind, deaf and/or disabled? If so, who? _____
- b. Could any dependent(s) listed above be the qualifying dependent/relative of another taxpayer? If so, who? _____
- c. Did any of the dependent(s) earn more than \$4,000 during 2015? If so, who? _____
- d. Do you have reason to believe your qualifying dependent has already filed a return & claimed an exemption for himself/herself? Yes No
- e. Are you claiming any of the dependent(s) above in accordance with a divorce decree or separation agreement? Yes (include documents) No

2015 INCOME

WAGES (include W-2)

1.	Name of Company	Tp / Sp
	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

MISC INCOME (include I099-MISC)

1.	Name of Company	Tp / Sp
	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

INTEREST (include I099-INT)

1.	Payer	Amt
	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

DIVIDENDS (include I099-DIV)

1.	Payer	Ord	Qual	CGD
	_____	\$ _____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____	\$ _____

PENSION/ANNUITY (include I099-R)

1.	Payer	Amt	Tp / Sp
	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

IRA (include I099-R)

1.	Payer	Amt	Tp / Sp
	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

SALE OF STOCK (include I099-B)

SHORT-TERM GAIN(S)/LOSS(ES)

1.	Security	Proceeds	Cost
	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

LONG-TERM GAIN(S)/LOSS(ES)

1.	Security	Proceeds	Cost
	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

SOCIAL SECURITY: TAXPAYER (include SSA-I099)

Box 3 (Benefits Paid in 2015):	\$ _____
Box 4 (Benefits Repaid in 2015):	\$ _____
Box 6 (Voluntary Federal W/H):	\$ _____
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D

SOCIAL SECURITY: SPOUSE (include SSA-I099)

Box 3 (Benefits Paid in 2015):	\$ _____
Box 4 (Benefits Repaid in 2015):	\$ _____
Box 6 (Voluntary Federal W/H):	\$ _____
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid:	SEE P3, MEDICAL EXP TYPE: A B C D

HSA DISTRIBUTION (include I099-SA)

Trustee: _____
Gross Distribution: \$ _____ Amt Used for Medical Exp: \$ _____
Trustee: _____
Gross Distribution: \$ _____ Amt Used for Medical Exp: \$ _____

OTHER INCOME (include supporting documents)

	TP	SP
State Income Tax Refund	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
- Federal Withholding	\$ _____	\$ _____
- State Withholding	\$ _____	\$ _____
Alimony		
- Received	\$ _____	\$ _____
- Paid (Need Recipient's SSN)	\$ _____	\$ _____
Jury Duty	\$ _____	\$ _____
Election Board Fees	\$ _____	\$ _____
Prizes/Lottery/Gambling		
- Winning(s)	\$ _____	\$ _____
- Loss(es)	\$ _____	\$ _____
Bartering	\$ _____	\$ _____
Farm Income	\$ _____	\$ _____

INSTALLMENT SALE (attach addt'l sheet if needed)

Name: _____ SSN: _____
Address: _____
City: _____ ST: _____ Zip: _____
Interest Paid: \$ _____ Principal Paid: \$ _____

NONTAXABLE INCOME

Veterans Pension/Disability: \$ _____	Cancelled Debt: \$ _____
Worker's Comp or SDI: \$ _____	Other: \$ _____
Child Support: \$ _____	Other: \$ _____
Gain on Sale of Residence: \$ _____	Other: \$ _____
Gifts over \$300: \$ _____	Other: \$ _____

2015 DEDUCTIONS

MEDICAL

Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or amounts paid using funds from a Health Savings or Flexible Spending Account.

DO NOT INCLUDE HEALTH INSURANCE PREMIUMS PAID W/ PRE-TAX INCOME (I.E. PAYROLL DEDUCTION)

Medical & Dental Expenses, including:

Office Visits	Lab Tests/Therapy/X-Rays		
Co-pays	Dental/Orthodontics		
Doctors/Specialists	Hearing Aid		
Hospital/Ambulance	Eye Exam/Glasses/Contacts	\$	
Prescription Drugs		\$	
Medical Insurance	TP	\$	SP
Prescription Insurance	TP	\$	SP
Dental/Vision Insurance	TP	\$	SP
Long-Term Care Insurance	TP	\$	SP
Medicare Premiums	TP	\$	SP
Medical Miles Driven	#		

INTEREST

Qualified Mortgage Interest:		
- 1st Home	\$	
- 2nd Home	\$	
Qualified Home Equity Loan	\$	
Land Contract Interest Paid	\$	
To Whom Paid:		
Name _____ SSN _____		
Address _____		
City _____ ST _____ ZIP _____		
Boat/Motor Home Interest*	\$	
Points Paid on New Home Purchase	\$	
Points Paid on Refinance of Current Home	\$	
Term of Refinanced Loan		Yrs
Qualified Mortgage Insurance Premiums (Form 1098, Box 4)	\$	
Investment Interest Paid	\$	

**Must have eating, sleeping & toilet facilities*

MISCELLANEOUS

Unreimbursed Employee Expenses (Required for Work):			
Cell Phone	\$	Tax Preparation Fees	\$
Continuing Education	\$	Travel	\$
Hotels/Lodging	\$	Uniforms/Boots	\$
Job Search	\$	Union Dues	\$
License Renewal	\$	Mileage	
Meals & Entertainment	\$	Total	#
Safe Deposit Box	\$	Commuting	#
Small Tools	\$	Business	#
Supplies	\$		
IRA Fees (only if billed separately & paid - NOT paid w/ IRA funds)	\$		

ADJUSTMENTS TO AGI

Health Savings Acct Contribution		\$
Moving Expenses		\$
Penalty on Early W/D of Savings		\$
Student Loan Interest Paid		\$
Traditional IRA Contribution	TP \$ _____ SP	\$
Roth IRA Contribution	TP \$ _____ SP	\$

CHARITABLE CONTRIBUTIONS

*****To be deductible, must have acknowledgement from qualified organization*****

Cash/Check	\$
Other than Cash/Check	\$

If over \$500, please provide the following (attached add'l sheets if necessary)

ITEM(S)	DATE DONATED	COST	FMV
1. _____	/ /	\$ _____	\$ _____
2. _____	/ /	\$ _____	\$ _____
3. _____	/ /	\$ _____	\$ _____
4. _____	/ /	\$ _____	\$ _____

Charitable Miles Driven	#
Automobile	/ / \$ _____ \$ _____
Boat	/ / \$ _____ \$ _____
Aircraft	/ / \$ _____ \$ _____

TAXES

State Income Tax PAID in 2015 for Prior Year's Tax	\$
Local Income Tax PAID in 2015 for Prior Year's Tax	\$
2015 Homestead TAXABLE Value (MI ONLY)	\$
Real Estate Taxes PAID in 2015:	
- Principal Residence	\$
- Second Home/Cottage	\$
- Vacant Land	\$
- Other	\$
Real Estate Taxes PAID @ Closing (Provide Docs)	\$
Real Estate Taxes REIMB @ Closing (Provide Docs)	(\$ _____)

AUTO LICENSE TABS	\$
Other Personal Property Taxes	\$
Sales Tax Paid	State _____
- Actual Sales Tax Paid in 2015	\$
- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY)	\$

2015 ESTIMATED TAX PAYMENTS

	FEDERAL	STATE	CITY
1st Qtr (04/15/2015)	\$ _____	\$ _____	\$ _____
2nd Qtr (06/15/2015)	\$ _____	\$ _____	\$ _____
3rd Qtr (09/15/2015)	\$ _____	\$ _____	\$ _____
4th Qtr (01/15/2016)	\$ _____	\$ _____	\$ _____
2014 overpayment applied to 2015		\$ _____	\$ _____

2015 CREDITS

HIGHER EDUCATION EXPENSES

Student 1 _____	
School _____	
Qualified Tuition & Fees Paid in 2015	\$ _____
Books & Required Supplies Paid in 2015	\$ _____
Student has completed first 4 years of college	Y N
Student has been convicted of felony?	Y N
Student 2 _____	
School _____	
Qualified Tuition & Fees Paid in 2015	\$ _____
Books & Required Supplies Paid in 2015	\$ _____
Student has completed first 4 years of college	Y N
Student has been convicted of felony?	Y N
Student 3 _____	
School _____	
Qualified Tuition & Fees Paid in 2015	\$ _____
Books & Required Supplies Paid in 2015	\$ _____
Student has completed first 4 years of college	Y N
Student has been convicted of felony?	Y N

MI PROPERTY TAX CREDIT

No. of Months _____	Rent (per Month) \$ _____
Landlord _____	
Address _____	
City _____	ST _____ ZIP _____
No. of Months _____	Rent (per Month) \$ _____
Landlord _____	
Address _____	
City _____	ST _____ ZIP _____

CHILD & DEPENDENT CARE EXPENSES

Child 1 _____	\$ _____
Caretaker _____	
Address _____	
City _____	ST _____ ZIP _____
Child 2 _____	\$ _____
Caretaker _____	
Address _____	
City _____	ST _____ ZIP _____

ADOPTION CREDIT

Child 1 _____	Child 2 _____
Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child	Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child
Was the adoption final in 2015 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the adoption final in 2015 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No
Qualified Adoption Expenses	Qualified Adoption Expenses
Adoption Fees	\$ _____
Attorney(s) Fees	\$ _____
Court Costs	\$ _____
Travel Expenses (incl. Meals & Lodging)	\$ _____
Re-adoption Expenses re: Foreign Child	\$ _____
Did you receive employer-provided benefits? \$ _____	Did you receive employer-provided benefits? \$ _____

AFFORDABLE CARE ACT

****PLEASE PROVIDE 2015 FORM(S) 1095-A or 1095-B or 1095-C RECEIVED****

Was your entire family (including dependents claimed on your 2015 tax return) covered by minimum essential health insurance for the entire year? Yes No

If no, how many months was your entire family covered by minimum essential health insurance? _____ months

Do you or any of your dependents meet one of the exemptions for the minimum essential health insurance coverage requirement? Yes No

If yes, please provide name of the exempt individual & exemption certificate number (attach additional sheet, if necessary)

Are you claiming an exemption because your household income is below the filing threshold? Yes No

Are you claiming a hardship exemption because your gross income is below the filing threshold? Yes No

Did you purchase health insurance through the insurance marketplace? Yes No

If yes, what is your state of residency (needed for the Premium Tax Credit)? _____

2015 SCHEDULE C INCOME & EXPENSES

BUSINESS 1

BUSINESS 2

Business Name		
Address		
City/State/Zip		
Business Activity		
Product or Service		

Were payments made in 2015 that would require Form(s) 1099? Yes No Yes No

Did you file all required Form(s) 1099? Yes No Yes No

Gross Receipts	\$	\$
Returns & Allowances	\$	\$
Other Income	\$	\$

Cost of Goods Sold		
Beginning Inventory as of 01/01/15 (At Cost)	\$	\$
Purchases	\$	\$
Cost of Labor	\$	\$
Materials & Supplies UNDER \$200	\$	\$
Materials & Supplies OVER \$200	\$	\$
Other Costs	\$	\$
Ending Inventory as of 12/31/15 (At Cost)	\$	\$

Advertising	\$	\$
Bank Charges	\$	\$
Commissions & Fees	\$	\$
Dues & Publications	\$	\$
Insurance - Health	\$	\$
Insurance - Other	\$	\$
Interest	\$	\$
Licenses	\$	\$
Legal & Professional	\$	\$
Meals & Entertainment	\$	\$
Office Expense	\$	\$
Postage & Freight	\$	\$
Rent	\$	\$
Repairs & Maintenance UNDER \$500	\$	\$
Repairs & Maintenance OVER \$500	\$	\$
Taxes	\$	\$
Telephone	\$	\$
Travel	\$	\$
Utilities	\$	\$
Wages	\$	\$

AUTO

Auto (Mileage):		
- Total Miles	#	#
- Business Miles	#	#

Auto (Actual Expenses):		
Base Price-Trade In+Sales Tax	\$	\$
Car Wash	\$	\$
Gasoline	\$	\$
Insurance	\$	\$
Interest	\$	\$
Lease Vehicle Payments	\$	\$
Oil Changes	\$	\$
Parking Fees/Tolls	\$	\$
Registration	\$	\$
Repairs & Maintenance	\$	\$
Tires	\$	\$

2015 RENTAL/ROYALTY INCOME & EXPENSES

	PROPERTY 1								PROPERTY 2								PROPERTY 3							
Property Type (Circle One)	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
	1=Single Family Residence		2=Multi Family Residence		3=Vacation/Short-Term		4=Commercial		5=Land		6=Royalties		7=Self-Rental		8=Other									
Address	_____								_____								_____							
City/State/Zip	_____								_____								_____							
Did you actively participate in rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No							
Did more than 1/2 of the personal services performed in all trades/businesses involve real property trades/business which you materially participated?	<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No							
Did you perform more than 750 hours of services in real property trades/business in which you materially participated?	<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No							
# Days Rented @ Fair Rental Value	_____								_____								_____							
# Days Used Personally	_____								_____								_____							
Gross Rents	\$ _____								\$ _____								\$ _____							
Gross Royalties	\$ _____								\$ _____								\$ _____							
Advertising	\$ _____								\$ _____								\$ _____							
Association Fees	\$ _____								\$ _____								\$ _____							
Cleaning & Maintenance	\$ _____								\$ _____								\$ _____							
Commissions	\$ _____								\$ _____								\$ _____							
Insurance	\$ _____								\$ _____								\$ _____							
Legal & Professional	\$ _____								\$ _____								\$ _____							
Management Fees	\$ _____								\$ _____								\$ _____							
Mortgage Interest	\$ _____								\$ _____								\$ _____							
- Form 1098	\$ _____								\$ _____								\$ _____							
- Other	\$ _____								\$ _____								\$ _____							
Painting & Decorating	\$ _____								\$ _____								\$ _____							
Repairs UNDER \$500	\$ _____								\$ _____								\$ _____							
Supplies UNDER \$200	\$ _____								\$ _____								\$ _____							
Supplies OVER \$200	\$ _____								\$ _____								\$ _____							
Taxes	\$ _____								\$ _____								\$ _____							
Utilities	\$ _____								\$ _____								\$ _____							
Other: _____	\$ _____								\$ _____								\$ _____							
Other: _____	\$ _____								\$ _____								\$ _____							
Major Repairs OVER \$500	\$ _____								\$ _____								\$ _____							
_____	\$ _____								\$ _____								\$ _____							
Date Placed in Service	_____ / _____ / _____								_____ / _____ / _____								_____ / _____ / _____							
_____	\$ _____								\$ _____								\$ _____							
Date Placed in Service	_____ / _____ / _____								_____ / _____ / _____								_____ / _____ / _____							

AUTO

Auto (Mileage):		
- Total Miles	# _____	# _____
- Business Miles	# _____	# _____
Auto (Actual Expenses):		
Base Price-Trade In+Sales Tax	\$ _____	\$ _____
Car Wash	\$ _____	\$ _____
Gasoline	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Lease Payments	\$ _____	\$ _____
Oil Changes	\$ _____	\$ _____
Parking Fees/Tolls	\$ _____	\$ _____
Registration	\$ _____	\$ _____
Repairs & Maintenance	\$ _____	\$ _____
Tires	\$ _____	\$ _____

GURIN & GURIN, P.C. PRIVACY POLICY

We value and trust your confidence, and we want to assure that your personal information is kept completely confidential by our office. As a tax and accounting firm, we adhere to the highest level of professional and ethical responsibility and obligations to protect the confidentiality of all client information.

This *Privacy Policy* will help you understand what information we collect about you, the limited times we may share it with others and what measures we take to protect your privacy.

What Personal Information Do We Collect ?

In order to meet your needs in the course of tax preparation/planning and tax compliance engagements for you, we collect various types of personal information about you from the following sources:

- Information we receive from you in person, by telephone, mail or electronic mail through our website, on tax preparation worksheets and on other documents or forms we use in preparing your tax returns or providing other services for you. Such information includes, but is not limited to, your name, social security number, income, investment and other assets, and other tax and financial information about you;
- Information we receive from others about your transactions or relationships with them. Such information includes, but is not limited to, investment loan or banking activity, balances or account numbers, legal agreements and documents, and other information we gather in the course of providing services to you;
- Information we receive from you when your browser interacts with our website. This could include information transmitted on an Internet "cookie" such as a password to our site, your preferences on the site and your Internet Provider's address; and
- Information we receive from a consumer reporting agency such as your credit history and outstanding loan balances.

Is Personal Information Shared With Others ?

We do not share personal information about you with anyone without your express written consent, except as permitted by law and as described below.

The law permits or requires disclosure in certain instances, such as if we must share information to protect against fraud, in response to a court subpoena, or as part of actual or threatened legal proceedings or alternate dispute resolution.

We may share information we collect (except for consumer reporting information which we do not disclose) to nonaffiliated companies which perform support services on our behalf (i.e. tax or data processing, transmission of electronic returns or data, records retention and mailing services). We **DO NOT** sell or otherwise disclose our client list or any of your information to outside companies for their marketing or solicitation use.

We may also share your information with other parties that help assure our compliance with professional accounting standards (i.e. peer review) or that conduct due diligence procedures.

How Do We Protect the Confidentiality & Security of Your Personal Information ?

Keeping your information confidential and secure is of utmost importance to us. We follow standard industry practices to actively protect the confidentiality, security and integrity of your personal information. We also maintain physical, electronic and procedural safeguards to protect your personal information. Our employees are bound by internal confidentiality policies and are subject to disciplinary action for any policy violations. And, we take appropriate precautions before sharing your information with any outside party.

Should you become an inactive client or should our relationship end, for whatever reason, we will continue to protect the confidentiality and security of your personal information in accordance with this *Privacy Policy*.

Our Pledge to You

As accountants, our professional ethical obligations and responsibilities have always demanded no less than the highest regard and duties for the confidentiality of your personal information and the security of your privacy. We will protect your personal information, use it only as necessary and perform our engagements so as to always maintain your trust and confidence in us.

Thank you for allowing us to be of service; we truly value our relationship with you. We hope you view our firm as your most trusted advisor, and we will work to continue earning that trust. Please call us anytime you have questions or if we may be of further service to you.