

Complicated Tax Return Information

For the following tax situations your return may require additional information and time for completion. Indicate which situations apply to you or your spouse for 2015 and provide your tax preparer with listed supporting documents or information.

- 20 1099B or other non-1099DIV capital gain or loss. Provide 1099B and purchase prices and dates.
- 21 Rental real estate. Provide completed Schedule E and prior year returns.
- 22 Prior year return preparation or modification: Identify year(s): _____
- 23 Self-employment or foreign earned income (includes any 1099-MISC income, and all pay NOT in U.S. dollars).
 Self-employed persons: Provide completed Schedule C and fill in physical address information below.
 Foreign income recipients: Provide all relevant tax documents and fill in physical address and income information below.
- 24 How much were you paid? \$ _____ € _____ Other currency: _____
- 25 Did you exclude foreign income in 2014 or prior years? No Yes, the year you last excluded foreign income was: _____
- 26 Date you moved to where you live now: _____
- 27 Your non-U.S. address: _____
- 28 Employer name and address: _____
- 29 Foreign income tax: How much did you pay? \$ _____ € _____ Other _____
- 30 Tax Treaty exclusion of pension or SSA income from U.S. taxability. (Form 8833)
- 31 PUERTO RICO ONLY: tax filing requirement: Uniform purchase/maintenance. Car loan interest Contributions to education accounts.
 Telephone bills for calls made to Combat Zones.

Income Information

Indicate and provide tax documents for any of the following types of **income received** by you or your spouse in 2015:

- 32 Student loan repayment Combat zone income
- 33 State/local income tax refund. (If you itemized deductions in 2014) Alaska Permanent Fund Dividend
- 34 Other with 1099 (Gambling, prizes, discharge of indebtedness, etc) 1099R IRA distributions
- 35 _____ CHECK IF ROLLED OVER INTO QUALIFYING ACCOUNT
- 36 Other without 1099

ITEMIZED DEDUCTIONS - SCHEDULE A

Indicate **amounts paid** in 2015:

- 37 Unreimbursed medical expenses/post-tax medical insurance payments. \$ _____
- 38 U.S. state/local general sales taxes. \$ _____
- 39 Real estate property tax on your primary home, not rental property. \$ _____
- 40 Mortgage interest on your primary home, not rental property. \$ _____
- 41 Mortgage insurance premiums. \$ _____
- 42 Charitable contributions. \$ _____
- 43 Other. (Casualty/theft; Miscellaneous - job expenses, tax prep fees, safe deposit box, gambling losses) \$ _____

Schedule A Itemized Deductions
 You are permitted to take the higher of your itemized deductions or the standard deduction for your filing status.

OTHER DEDUCTIONS

Indicate **amounts paid** in 2015:

- | | You | Spouse |
|--|----------|----------|
| 44 <input type="checkbox"/> Classroom expenses. (up to \$250 per K-12 teacher, counselor, principal or aide) | \$ _____ | \$ _____ |
| 45 <input type="checkbox"/> Unreimbursed travel/lodging expenses to attend Guard/Reserve drills. | \$ _____ | \$ _____ |
| 46 <input type="checkbox"/> Moving expenses. | \$ _____ | \$ _____ |
| 47 <input type="checkbox"/> Student loan interest. | \$ _____ | \$ _____ |

CREDITS

Indicate **amounts paid** in 2015:

- 48 Post-secondary education tuition and fees for yourself or your spouse You \$ _____ Spouse \$ _____
- 49 For a dependent: (name(s): _____) \$ _____
 For each post-secondary student claimed, indicate year in school (1,2,3,4,higher): You: _____ Spouse: _____ Dependent: _____
- 50 Adoption finalized in 2015. \$ _____
- 51 Estimated tax payments made for 2015. \$ _____
- 52 Childcare. (If you paid for childcare for more than two children, provide additional information separately).

Child's first name	Childcare provider's name and address	Provider's SSN or EIN	Amount
			\$ _____
			\$ _____

- 53 Carry-forward adoption expenses or capital losses. Provide prior year return(s). (Adoption Form 8839 line 12; Capital Gain Schedule D lines 6/14)
- 54 Spouse owes child support arrearages or a state or federal government agency debt. (Injured Spouse Form 8379)
- 55 **CHECK IF THE WAAF TAX CENTER PREPARED YOUR TAXES LAST YEAR.**

ACKNOWLEDGMENT AND SIGNATURE. All information provided on this Intake Sheet is correct. I understand the WAAF Tax Center may retain some of my tax information as required by the Internal Revenue Service. I further understand that the WAAF Tax Center does not maintain taxpayer records; it is my responsibility to maintain my own tax records (See IRS Pub. 17).

Taxpayer _____

Spouse _____