

**DENNIS R. BROWN
CERTIFIED PUBLIC ACCOUNTANT**

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It is your responsibility to provide information required for the preparation of complete and accurate income tax returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns and should review them before signing.

Please answer the questions and fill out all required information within these pages, then bring this and all other records to our office.

Name: _____ Spouse's Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Your Social Security #: _____ Occupation: _____ Date of Birth: _____

Spouse's Social Security #: _____ Occupation: _____ Date of Birth: _____

E-Mail Address (Optional) _____

| <u>Dependents: Names</u> (As Shown on SS Card) | <u>Lives with you?</u> (Y/N) | <u>Birthdates</u> | <u>Social Security #</u> | <u>Relationship</u> |
|---|---------------------------------|-------------------|--------------------------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

IF YOUR DEPENDENT DOES NOT LIVE WITH YOU FOR MORE THAN SIX MONTHS DURING THE YEAR, YOU MUST OBTAIN A SIGNED IRS FORM 8332 FROM THE OTHER PARENT.

This data sheet will aid you in preparing your individual federal and state income tax information.

The list is by no means all-inclusive; therefore, any unusual income or expenses should be brought to our attention.

Be sure to bring the following with you:

- _____ 1. All copies of tax forms received.
- _____ 2. Farm, Business, and Rental income and expenses should be included on separate schedules.
- _____ 3. Form 1099 reporting all stock and real estate sales during the tax year, as well as purchase date and cost information.
- _____ 4. Bank Acct Name, #, and Routing # for E-filing.

--- See the reverse side for more required information and signatures---

-AFFORDABLE CARE ACT (ACA) INFORMATION-

1. Did you, your spouse, and your dependents have health insurance coverage all 12 months of 2015? (Health insurance coverage includes Medicare and Medicaid)
2. If you bought insurance from the marketplace, we must report and reconcile the premium tax credit on your tax return. Please bring Form 1095-A, that the marketplace sent you, to your appointment.
3. If your insurance company or employer sent you Form 1095-B or Form 1095-C, bring the form to us.
4. We must report on your tax return and calculate a penalty, if you, your spouse, or any of your dependents did not have insurance for any full month in 2015. Please be prepared to provide us with your insurance information. If you do not provide us with form 1095 a penalty will be assessed on your tax return.
5. If you are exempt from the insurance requirements please come with the necessary information.

-DEDUCTIONS-

Medical - Your Portion:

Health & Accident Insurance _____
 Medicine and Prescription Drugs _____
 Doctors, Dentists, Hospitals, Etc. _____
 Glasses, Hearing Aids, Etc. _____
 Medical Transportation (Miles) _____

Contributions:

Contributions Cash or Check _____
 Miles Contributed _____
 Non-cash with receipts _____
 Contributions to Idaho _____
 Schools/Libraries/Etc. _____

Deductible Interest Paid:

Primary Home Mortgage _____
 Second Home Mortgage _____
 Other Mortgage Interest _____

Other Deductions:

Traditional IRA Contributions _____
 Health & Medical Savings _____
 Account Contributions _____
 Untaxed Internet Purchases _____
 (Sales and Use Tax Taxable)
 College Tuition/Books/Fees _____
 (please include tax documents from schools)

Deductible Taxes Paid:

Real Estate Taxes (include all paid) _____
 State Sales Taxes (on major purchases) _____

ESTIMATED TAX PAYMENTS: List only payments which you made.

| Date | Federal Tax | Date Paid | Date | Federal Tax | Date Paid |
|----------------|-------------|-----------|---------------|-------------|-----------|
| April 15, 2015 | _____ | _____ | Sept 15, 2015 | _____ | _____ |
| June 15, 2015 | _____ | _____ | Jan 15, 2016 | _____ | _____ |

To the best of our knowledge, the above information and accompanying schedules are complete and correct and we authorize Dennis R. Brown, CPA to prepare our 2015 Income Tax Returns. We understand that if the included information is not correct or is incomplete, we may be assessed additional fees for the reprocessing of our income tax returns.

Signature & Date

Signature & Date