

**FIELDER & COMPANY, LLC**  
Certified Public Accountants  
13902 N. DALE MABRY HWY., SUITE 122  
TAMPA, FL 33618  
813-961-0990 Fax: 813-960-3870  
E-mail: [Fielderco@mindspring.com](mailto:Fielderco@mindspring.com)  
Website: [www.fielderco.com](http://www.fielderco.com)

Dear Client:

This Client Organizer is designed to help you gather tax information needed to prepare your 2016 personal income tax return. **PLEASE READ AND SIGN THE ENGAGEMENT LETTER ENCLOSED AND RETURN IT WITH YOUR TAX DATA.** In consideration of professional requirements we must have your signed engagement letter prior to filing for you.

Adding bank account information for direct deposit, if you authorize one, will speed up any refund due. A copy of a voided check from the account will suffice. **Let us know prior to filing if there is a change to the bank account information. When you receive your completed tax return(s), please review the bank account information for accuracy. Report any discrepancies to this office immediately, to allow correction before e-file authorization is submitted.**

You may enter 2016 information on the Client Organizer sheets provided. Please enter estimated tax deposits made, if any, with dates paid. The Questions page asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions, attach a statement when necessary for additional information not provided in the Client Organizer, and return this data organizer with your tax related statements whether completed or not. **Please include current contact information, with your e-mail address if you authorize that method of contact with us, on pages 1 and 2 and answer the Questions pages.** The Client Organizer Topical Index will refer you to page numbers relevant to you so that you may ignore pages which are not. **If relevant pages are not included in your organizer, add the information with your tax data to us.** You may retrieve and print useful pages not on your organizer at [www.fielderco.com](http://www.fielderco.com) (2016 Blank Organizer) to complete and attach (such as new rental or self-employment information). Please give us a call if you need assistance.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement and annuity distributions, health savings and education account distributions including 1098-T, 1098-E and 1099-Q, miscellaneous income, cancellation of debt, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc., including December account statements with taxable gains and loss detail for 2016.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Copy of 2016 real estate closing statements for sales, purchases or refinancing.
- If you itemize, statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority, including Form 1095-A, 1095-B and 1095-C received because you or a family member enrolled in insurance coverage through health insurance marketplace or have coverage through an employer plan, or receive confirmation of health insurance coverage from your insurance provider.
- A copy of your income tax return from last year.
- A copy of your FinCEN reporting, which **YOU MUST FILE ON-LINE BY APRIL 18, 2017, A NEW, EARLIER DEADLINE** (see [www.fincen.gov](http://www.fincen.gov) for reporting and instructions) if you are required to file due to balances in foreign accounts totaling \$10,000 or more at any time in 2016, including foreign accounts holding on-line gambling funds.

**We must receive your complete data by March 15 to insure your filing by April 18. Data received after March 15 will be prepared for filing during the extension period. If you need assistance in estimating tax due April 18 but haven't received all data, please get your incomplete data to us no later than March 15 with a note regarding data to be received and request we estimate your balance due with the extension, if possible.**

Our services include electronic filing of your federal tax return at no additional cost. That should relieve you of mailing time and costs, speed processing with greater protection against IRS processing errors and follow-up notices, confirm timely receipt to reduce penalty exposure, and accelerate refunds to you.

Professional assistance from experienced CPAs is now more valuable than ever in light of changing and increasingly complex rules, higher penalties for errors, non-compliance or non-disclosure, and, most importantly, to confidently receive deductions and advantages affordable to you to maximize savings and improve your financial condition. Thank you for the opportunity to serve you, and for your referrals which allow us to enjoy over forty years of client service at reasonable costs to you.

Sincerely,

FIELDER & COMPANY, LLC

**FIELDER & COMPANY, LLC**  
**Certified Public Accountants**  
**13902 N. DALE MABRY HWY., SUITE 122**  
**TAMPA, FL 33618**  
**813-961-0990 Fax: 813-960-3870**  
**E-mail: Fielderco@mindspring.com**  
**Website: www.fielderco.com**

**ENGAGEMENT LETTER**

Dear Client:

This letter confirms the arrangements for our preparation of your 2016 tax return due April 18, 2017.

We will prepare your federal income tax return and required state returns, if requested, from information you furnish us. It is your responsibility to provide us with all of the information necessary to complete your tax return. In that regard you state that, to the best of your knowledge and belief:

You have provided us true, correct and complete information regarding amounts you claimed as tax deductions, and have maintained written documentation supporting all amounts, including log books and receipts. You understand that taxing authorities may examine the returns, that documentation should be retained to support the information provided to us, especially business travel and entertainment deductions, business mileage deduction claimed with details of business travel miles and business use percentage for autos and other assets, barter activities, and the required documents to support all charitable contributions, and that penalties may be imposed on returns that are late, underpaid or incorrect. **By engaging us to prepare your return you are verifying that you have and will retain such required documentation in your files, even though we may not examine their existence or accuracy, and that you will provide complete filing information to us on a timely basis, allowing time for preparation and filing of the return within the filing deadline.**

We will not audit or otherwise verify any information. We may require clarification or additional information. We are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest. **You are responsible for filing your required FBAR (Foreign Bank Account Report, Form FinCEN 114) electronically by the NEW EARLIER FILING DEADLINE OF APRIL 18, 2017, if total value of foreign accounts exceed \$10,000 at any time in 2016. Non-filing or late filing penalties are very high. (See [www.fincen.gov](http://www.fincen.gov) for filing and instructions as soon as possible, if this requirement applies to you.)** You agree to provide a copy of your FinCEN reporting, and descriptions of gifts to individuals exceeding \$14,000 total value by recipient with name and address and relationship, description, date and value of gift for our preparation of gift tax return for you, if applicable.

We will resolve questions involving application of tax rules in your favor, if there is justification for it. We will be available to answer your inquiries on specific tax matters and to consult with you on income tax and financial planning. You consent to our use of e-mail, fax and phone methods of communication indicated on page 1.

Fees for our services will be at our standard rates for tax work, which recognizes time, complexity and costs for services provided. ***YOUR INVOICE WILL BE PROVIDED WITH YOUR COMPLETED RETURN AND IS PAYABLE UPON RECEIPT OF SERVICE. WE ACCEPT PAYMENT BY VISA, DISCOVER OR MASTERCARD. FUTURE SERVICE IS CONTINGENT UPON PROMPT PAYMENT.*** We will electronically file your return, if you qualify to file electronically. Your return copy will be accompanied by a signature-required e-file authorization to sign and return to us in the prepaid envelope which will be enclosed or by e-mail or fax. If you owe additional taxes, a payment voucher and envelope will be provided for you to mail to Internal Revenue Service. **Your return will not be filed until our receipt of your e-file authorization form.**

It is understood that if this engagement involves a joint return, this firm shall provide a copy (including copies of supporting data) to either of the parties upon request at any time upon payment of applicable charges, and it is agreed that there is no expectation of confidentiality between parties eligible to file jointly and us.

Your returns are, of course, subject to review by taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Billing for such services is at our standard rates for the nature of service performed.

If you are in agreement with the contents of this letter, *please sign and date below* and return it and your tax organizer with your tax information. **A signed engagement letter copy for our files is required for our tax preparation services.** Please let us know if you have questions regarding this agreement. We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

Sincerely,

FIELDER & COMPANY, LLC

APPROVED:

---

Taxpayer

Spouse

Date

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

### Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

### Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?
- If yes, for what school year? \_\_\_\_\_

### Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) 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 yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience)

- account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?

**Itemized Deduction Information**

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

**Miscellaneous Information**

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

## Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
ABLE account distributions	71	Gambling winnings	8, 16, 18
Adoption expenses	82	Gambling losses	55
Affordable Care Act Health Coverage	67, 68	Health savings account (HSA)	69, 70
Alaska Permanent Fund dividends	16, 75	Household employee taxes	76
Alimony paid	47	Identity authentication	5
Alimony received	16	Installment sales	39, 40
Annuity payments received	8, 22	Interest income, including foreign	9, 11
Automobile information -		Interest paid	54
Business or profession	66	Investment expenses	55
Employee business expense	58	Investment interest expenses	54
Farm, Farm Rental	66	IRA contributions	24
Rent and royalty	66	IRA distributions	8, 22
Bank account information	3	Like-kind exchange of property	41
Business income and expenses	26, 27, 28	Long-term care services and contracts (LTC)	70
Business use of home	65	Medical and dental expenses	53
Cancellation of debt	17	Medical savings account (MSA)	69, 70
Casualty and theft losses, business	61, 63	Minister earnings and expenses	26, 57, 73
Casualty and theft losses, personal	62, 64	Miscellaneous income	16, 16a, 16b
Child and dependent care expenses	78	Miscellaneous adjustments	47
Children's interest and dividend	74, 75	Miscellaneous itemized deductions	55
Charitable contributions	55, 59, 60	Mortgage interest expense	54, 56
Contracts and straddles	20	Moving expenses	46
Dependent care benefits received	10	Partnership income	8, 36
Dependent information	1, 5	Payments from Qualified Education Programs (1099-Q)	8, 51
Depreciable asset acquisitions and dispositions -		Pension distributions	8, 22
Business or profession	91, 92	Personal property taxes paid	53
Employee business expense	91, 92	Railroad retirement benefits	23
Farm, Farm Rental	91, 92	Real estate taxes	53
Rent and royalty	91, 92	REMIC's	14
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	29, 30
Disability income	22, 79	Residential energy credit	80
Dividend income, including foreign	9, 12	Roth IRA contributions	24
Early withdrawal penalty	11	S corporation income	8, 19, 36
Education Credits and tuition and fees deduction	50	Sale of business property	39, 40
Education Savings Account & Qualified Tuition Programs	51	Sale of personal residence	38
Electronic filing	4	Sale of stock, securities, and other capital assets	15, 15a
Email address	2	Self-employed health insurance premiums	26, 31, 67
Employee business expenses	57	Self-employed Keogh, SEP and SIMPLE plan contributions	25
Estate income	8, 37	Seller-financed mortgage interest received	13
Excess farm losses	88	Social security benefits received	23
Farm income and expenses	31, 32, 33	State and local income tax refunds	16
Farm rental income and expenses	34, 35	State & local estimate payments	7
Federal estimate payments	6	State & local withholding	10, 18, 22
Federal student aid application information (FAFSA)	52	Statutory employee	10, 26
Federal withholding	10, 18, 22, 23	Student loan interest paid	49
First-time homebuyer credit repayment	77	Taxes paid	53
Foreign bank accounts & financial assets	42, 43	Trust income	37
Foreign earned income & housing deduction	44, 45	Unemployment compensation	16
Foreign employer compensation	21	Unreported tip or unreported wage income	72
Foreign taxes paid	81	U.S. savings bonds educational exclusion	48
Fuel tax credit	83, 84, 85	Wages and salaries	8, 10

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.





**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21]
Pager number	[14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24]
Extension	[17]	[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

**NOTES/QUESTIONS:**

## Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_ [1]

## Primary account:

Financial institution routing transit number \_\_\_\_\_ [2]  
 Name of financial institution \_\_\_\_\_ [3]  
 Your account number \_\_\_\_\_ [4]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [5]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [6]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [7]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [8] or Percent (xxx.xx) \_\_\_\_\_ [9]

## Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [24]  
 Name of financial institution \_\_\_\_\_ [25]  
 Your account number \_\_\_\_\_ [26]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [27]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [28]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [29]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [10] or Percent (xxx.xx) \_\_\_\_\_ [11]

## Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [30]  
 Name of financial institution \_\_\_\_\_ [31]  
 Your account number \_\_\_\_\_ [32]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [33]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [34]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [35]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [14] or Percent (xxx.xx) \_\_\_\_\_ [15]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

## Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [12] or Percent (xxx.xx) \_\_\_\_\_ [13]

## Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [16] or Percent (xxx.xx) \_\_\_\_\_ [17]  
 Owner's name (First Last) \_\_\_\_\_ [37] \_\_\_\_\_ [38]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [39] \_\_\_\_\_ [40]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [41]

## Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [20] or Percent (xxx.xx) \_\_\_\_\_ [21]  
 Owner's name (First Last) \_\_\_\_\_ [42] \_\_\_\_\_ [43]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [44] \_\_\_\_\_ [45]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [46]

**Taxpayer -**

Form of identification (1 = Driver's license, 2 = State issued identification card) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [2]  
Issue date \_\_\_\_\_ [3]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]  
Location of issuance \_\_\_\_\_ [5]  
Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification (1 = Driver's license, 2 = State issued identification card) \_\_\_\_\_ [7]  
Identification number \_\_\_\_\_ [8]  
Issue date \_\_\_\_\_ [9]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [10]  
Location of issuance \_\_\_\_\_ [11]  
Document number (New York only) \_\_\_\_\_ [12]

**NOTES/QUESTIONS:**

If you have an overpayment of 2016 taxes, do you want the excess:

- Refunded [52]
- Applied to 2017 estimated tax liability [53]

Do you expect a considerable change in your 2017 income? (Y, N) [54]

If yes, please explain any differences: [55]  
 \_\_\_\_\_ [56]  
 \_\_\_\_\_ [57]  
 \_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2017? (Y, N) [59]

If yes, please explain any differences: [60]  
 \_\_\_\_\_ [61]  
 \_\_\_\_\_ [62]  
 \_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2017 withholding? (Y, N) [64]

If yes, please explain any differences: [65]  
 \_\_\_\_\_ [66]  
 \_\_\_\_\_ [67]  
 \_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2017? (Y, N) [69]

If yes, please explain any differences: [70]  
 \_\_\_\_\_ [71]  
 \_\_\_\_\_ [72]  
 \_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes [74]

**2016 Federal Estimated Tax Payments**

2015 overpayment applied to 2016 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due		Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/16	_____ [6]	+	_____ [7]	_____	_____
2nd quarter payment	6/15/16	_____ [8]	+	_____ [9]	_____	_____
3rd quarter payment	9/15/16	_____ [10]	+	_____ [11]	_____	_____
4th quarter payment	1/17/17	_____ [12]	+	_____ [13]	_____	_____
Additional payment		_____ [14]	+	_____ [15]	_____	_____

**\*Method of payment indicated in prior year**  
 EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System  
 Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

### 2016 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2015 return + \_\_\_\_\_ [3]

2015 overpayment applied to '16 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	_____
2nd quarter payment _____ [11]	+ _____ [12]	_____
3rd quarter payment _____ [13]	+ _____ [14]	_____
4th quarter payment _____ [15]	+ _____ [16]	_____
Additional payment _____ [17]	+ _____ [18]	_____

### 2016 City Estimated Tax Payments

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2015 return + _____ [31]		Amount paid with 2015 return + _____ [53]	
2015 overpayment applied to '16 estimates + _____ [32]		2015 overpayment applied to '16 estimates + _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2015 return + _____ [75]		Amount paid with 2015 return + _____ [97]	
2015 overpayment applied to '16 estimates + _____ [76]		2015 overpayment applied to '16 estimates + _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]	2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]	4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



### Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/5/1	Type Code (**See codes below)	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts						
	<b>2</b>	Payer						
		Amounts						
	<b>3</b>	Payer						
		Amounts						
	<b>4</b>	Payer						
		Amounts						
	<b>5</b>	Payer						
		Amounts						
	<b>6</b>	Payer						
		Amounts						
	<b>7</b>	Payer						
		Amounts						
	<b>8</b>	Payer						
		Amounts						
	<b>9</b>	Payer						
		Amounts						
	<b>10</b>	Payer						
		Amounts						

\*\*Interest Codes

Blank = Regular Interest	6 = ABP Adjustment
3 = Nominee Distribution	7 = Series EE & I Bond
4 = Accrued Interest	
5 = OID Adjustment	



### Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends		Qualified Dividends		Total Cap Gain Distributions		Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		Payer	Amounts	Payer	Amounts	Payer	Amounts								
1		Payer	Amounts												
2		Payer	Amounts												
3		Payer	Amounts												
4		Payer	Amounts												
5		Payer	Amounts												
6		Payer	Amounts												
7		Payer	Amounts												
8		Payer	Amounts												
9		Payer	Amounts												
10		Payer	Amounts												

\*\*Dividend Codes  
Blank = Dther      3 = Nominee

### Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2016 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2016 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2016 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2016 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2016 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2016 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2016 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2016 \_\_\_\_\_





**Miscellaneous Income #1**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals +

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals +

NOTES/QUESTIONS:

Form ID: 1099C **Cancellation of Debt, Abandonment #1** 17

--	--

Preparer use only

Please provide all Forms 1099-C and 1099-A

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[51]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

State postal code \_\_\_\_\_ [6]

Name of creditor/lender \_\_\_\_\_ [3]

**Form 1099-C Cancellation of Debt**

Date of identifiable event (Box 1) \_\_\_\_\_ [10]

Amount of debt discharged (Box 2) + \_\_\_\_\_ [11]

Interest if included in box 2 (Box 3) + \_\_\_\_\_ [12]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) \_\_\_\_\_ [14]

Fair market value of property (Box 7) + \_\_\_\_\_ [15]

**Form 1099-A Acquisition or Abandonment of Secured Property**

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]

Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]

Fair market value of property (Box 4) + \_\_\_\_\_ [18]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [19]

**Control Totals +**

**Cancellation of Debt, Abandonment #2**

--	--

Preparer use only

Please provide all Forms 1099-C and 1099-A

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[51]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

State postal code \_\_\_\_\_ [6]

Name of creditor \_\_\_\_\_ [3]

**Form 1099-C Cancellation of Debt**

Date of identifiable event (Box 1) \_\_\_\_\_ [10]

Amount of debt discharged (Box 2) + \_\_\_\_\_ [11]

Interest if included in box 2 (Box 3) + \_\_\_\_\_ [12]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) \_\_\_\_\_ [14]

Fair market value of property (Box 7) + \_\_\_\_\_ [15]

**Form 1099-A Acquisition or Abandonment of Secured Property**

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]

Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]

Fair market value of property (Box 4) + \_\_\_\_\_ [18]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [19]

**Control Totals +**

**NOTES/QUESTIONS:**

### Gambling Winnings #1

Please provide all copies of Form W-2G.

Taxpayer/Spouse (T, S)

Payer name

State postal code

Mark if professional gambler

Gross winnings (Box 1)

Date won (Box 2)

Type of wager (Box 3)

Federal withholding (Box 4)

Transaction (Box 5)

Race (Box 6)

Identical wager winnings (Box 7)

Cashier (Box 8)

Taxpayer identification number (Box 9)

Window (Box 10)

First ID (Box 11)

Second ID (Box 12)

Payer's state ID no. (Box 13)

State winnings (Box 14)

State withholding (Box 15)

Local winnings (Box 16)

Local withholding (Box 17)

Name of locality (Box 18)

#### 2016 Information

#### Prior Year Information

Control Totals

### Gambling Winnings #2

Please provide all copies of Form W-2G.

Taxpayer/Spouse (T, S)

Payer name

State postal code

Mark if professional gambler

Gross winnings (Box 1)

Date won (Box 2)

Type of wager (Box 3)

Federal withholding (Box 4)

Transaction (Box 5)

Race (Box 6)

Identical wager winnings (Box 7)

Cashier (Box 8)

Taxpayer identification number (Box 9)

Window (Box 10)

First ID (Box 11)

Second ID (Box 12)

Payer's state ID no. (Box 13)

State winnings (Box 14)

State withholding (Box 15)

Local winnings (Box 16)

Local withholding (Box 17)

Name of locality (Box 18)

#### 2016 Information

#### Prior Year Information

Control Totals

NOTES/QUESTIONS:

### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____	
Name of payer	_____	
State postal code	_____	
Gross distributions received (Box 1)	_____	
Taxable amount received (Box 2a)	_____	
Federal withholding (Box 4)	_____	
Distribution code (Box 7)	_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_____	
State withholding (Box 12)	_____	
Local withholding (Box 15)	_____	
Amount of rollover	_____	
Mark if distribution was due to a pre-retirement age disability	_____	
<b>Control Totals</b>		

### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____	
Name of payer	_____	
State postal code	_____	
Gross distributions received (Box 1)	_____	
Taxable amount received (Box 2a)	_____	
Federal withholding (Box 4)	_____	
Distribution code (Box 7)	_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_____	
State withholding (Box 12)	_____	
Local withholding (Box 15)	_____	
Amount of rollover	_____	
Mark if distribution was due to a pre-retirement age disability	_____	
<b>Control Totals</b>		

### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____	
Name of payer	_____	
State postal code	_____	
Gross distributions received (Box 1)	_____	
Taxable amount received (Box 2a)	_____	
Federal withholding (Box 4)	_____	
Distribution code (Box 7)	_____	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_____	
State withholding (Box 12)	_____	
Local withholding (Box 15)	_____	
Amount of rollover	_____	
Mark if distribution was due to a pre-retirement age disability	_____	
<b>Control Totals</b>		

NOTES/QUESTIONS:



### Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)  
State postal code

—  
—

#### Social Security Benefits

	2016 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2016 (Box 3 minus Box 4) (Box 5)	_____	_____
Voluntary Federal Income Tax Withheld (Box 6)	_____	_____
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____	_____
Prescription drug (Part D) premiums	_____	_____

#### Tier 1 Railroad Benefits

	2016 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2016 (Box 5)	_____	_____
Federal Income Tax Withheld (Box 10)	_____	_____
Medicare Premium Total (Box 11)	_____	_____

#### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2016 or receive any prior year benefits in 2016. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

---



---



---



---



---

NOTES/QUESTIONS:

Form ID: IRA	<b>Traditional IRA</b>	<b>24</b>
--------------	------------------------	-----------

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2016	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2016	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2017 for use in 2016	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2016:	+ _____ [17]	+ _____ [18]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

<b>Roth IRA</b>
-----------------

Please provide copies of any 1998 through 2015 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2016	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2016	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2015	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2016	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2015	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2016:	+ _____ [47]	+ _____ [48]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

**NOTES/QUESTIONS:**

**Preparer use only**

- Business activity or profession name \_\_\_\_\_ [3]
- Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]
- State postal code \_\_\_\_\_ [5]
- Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]
- Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]
- Enter the total amount of contributions made to a Keogh plan in 2016 + \_\_\_\_\_ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2016 + \_\_\_\_\_ [9]
- Enter the total amount of contributions made to a SEP plan in 2016 + \_\_\_\_\_ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2016 + \_\_\_\_\_ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2016 + \_\_\_\_\_ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2016 + \_\_\_\_\_ [13]
- Enter the total amount of contributions made to a money purchase plan in 2016 + \_\_\_\_\_ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2016 + \_\_\_\_\_ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2016 + \_\_\_\_\_ [16]

**Catch-up Contributions**

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2016 + \_\_\_\_\_ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2016 + \_\_\_\_\_ [18]

**Elective Deferrals**

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2016 + \_\_\_\_\_ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2016 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**



Preparer use only

Principal business or profession

2016 Information

Prior Year Information

- Advertising
- Car and truck expenses
- Commissions and fees
- Contract labor
- Depletion
- Depreciation
- Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:

Mortgage (Paid to banks, etc.)

Other:

Legal and professional services

Office expense

Pension and profit sharing:

Rent or lease:

Vehicles, machinery, and equipment

Other business property

Repairs and maintenance

Supplies

Taxes and licenses:

Travel, meals, and entertainment:

Travel

Meals and entertainment

Meals (Enter 100% subject to DOT 80% limit)

Utilities

Wages (Less employment credit):

Other expenses:

Preparer use only

Principal business or profession \_\_\_\_\_

Preparer use only Carryovers		Regular		AMT
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/loss	+	[22]	+	[23]
Section 179	+	[24]	+	[25]

NOTES/QUESTIONS:



Preparer use only  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2016 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		

**Vacation Home Information**

	2016 Information	Prior Year Information
Number of days home was used personally	_____	_____
Number of days home was rented	_____	_____
Number of day home owned, if not 366	_____	_____
Carryover of disallowed operating expenses into 2016	_____	_____
Carryover of disallowed depreciation expenses into 2016	_____	_____

**Passive and Other Information**

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Comm revitalization		
Section 179		



Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Form ID: Home	<b>Sale of Principal Residence</b>	<b>38</b>
---------------	------------------------------------	-----------

Description		_____	[1]
Taxpayer/Spouse/Joint (r, s, j)		_____	[5]
State postal code		_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)		_____	[7]
Date former residence was acquired		_____	[9]
Date former residence was sold		_____	[10]
Selling price of former residence	+	_____	[11]
Expenses related to the sale of your old home	+	_____	[12]
Original cost of home sold including capital improvements	+	_____	[13]

<b>Exclusion Information</b>
------------------------------

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)			_____	
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)	<b>Taxpayer</b>	<b>Spouse</b>		
Number of days each person used property as main home	_____ [21]	_____ [22]		
Number of days each person owned property used as main home	_____ [23]	_____ [24]		
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]		

<b>Form 6252 - Current Year Installment Sale</b>
--

Mortgage and other debts the buyer assumed		+ _____	[28]
Total current year payments received		+ _____	[29]

**Form 6252 - Related Party Installment Sale Information**

Related party name			_____	[30]
Address		_____	[31]	
City, State and Zip		_____ [32] [33] _____	[34]	
Identifying number of related party		_____	[35]	
Was the property sold as a marketable security? (Y, N)		_____	[36]	
Enter date of second sale if more than 2 years after the first sale		_____	[37]	
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		_____	[38]	
Selling price of property sold by a related party	+	_____	[40]	

**NOTES/QUESTIONS:**

Preparer use only

Preparer use only

2016 Information

Prior Year Information

Description	
Taxpayer/Spouse/Joint (T, S, J)	
State postal code	
Date acquired	
Date sold	
Gross sales price of property sold	
Mortgage and other debts the buyer assumed	
Cost or other basis	
Commissions and other expenses of the sale	
Gross profit percentage	
Total current year principal payments received	
Prior year principal payments received	
Total ordinary income to recapture	
Total ordinary income previously recaptured	

Prior Year Information

Control Totals

Prior Year Installment Sale

Preparer use only

Preparer use only

2016 Information

Prior Year Information

Description	
Taxpayer/Spouse/Joint (T, S, J)	
State postal code	
Date acquired	
Date sold	
Gross sales price of property sold	
Mortgage and other debts the buyer assumed	
Cost or other basis	
Commissions and other expenses of the sale	
Gross profit percentage	
Total current year principal payments received	
Prior year principal payments received	
Total ordinary income to recapture	
Total ordinary income previously recaptured	

Prior Year Information

Control Totals

NOTES/QUESTIONS:



Employer's name \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Foreign Earned Income**

\*Please use the Foreign Earned Income Allocation Codes located below

	Allocation Code*	Amount
<b>Noncash income:</b>		
Home (lodging) _____	[10] [11]	+ _____ [12]
Meals _____	[13] [14]	+ _____ [15]
Car _____	[16] [17]	+ _____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	[19]	+ _____ [20] + _____ + _____ + _____
<b>Allowances, reimbursements or expenses paid on behalf:</b>		
Cost of living and overseas differential _____	[21]	+ _____ [22]
Family _____	[23]	+ _____ [24]
Education _____	[25]	+ _____ [26]
Home leave _____	[27]	+ _____ [28]
Quarters _____	[29]	+ _____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	[31]	+ _____ [32] + _____ + _____ + _____
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	[33]	+ _____ [34] + _____ + _____ + _____
Excludable meals and lodging under section 119 _____		+ _____ [35]

**\*Foreign Earned Income Allocation Codes**  
 1 = 100% foreign during assignment  
 2 = 100% U.S. during assignment  
 3 = U.S. and foreign days worked during assignment  
 4 = U.S. and foreign days before/after assignment  
 5 = Days worked before, during, and after assignment

**Deductions Allocable to Foreign Earned Income**

	Allocation Code*	Amount
Other allocable deductions _____	[36]	+ _____ [37]

**Housing Exclusion/Deduction**

Qualified housing expense _____		+ _____ [47]
---------------------------------	--	--------------

**NOTES/QUESTIONS:**

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (r,s,j)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:





Complete this section if you paid interest on a qualified student loan in 2016 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2016. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2016 Interest Paid	Prior Year Information
—	_____	_____	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	

**NOTES/QUESTIONS:**

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

### Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number \_\_\_\_\_  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

### Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2016.  
 Enter the amount actually paid during 2016.

	2016 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	_____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Tuition billed (Enter only the amount actually paid) <b>(Box 2)</b>	_____	
Educational institution changed its reporting method for 2016 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2017 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2016

**NOTES/QUESTIONS:**

### Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_

Payer name \_\_\_\_\_

State postal code \_\_\_\_\_

Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_

Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_

Final distribution \_\_\_\_\_

### Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

	2016 Information	Prior Year Information
Amount contributed in current year	_____	_____
Basis of this account at 12/31/15	_____	_____
Value of this account at 12/31/16	_____	_____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	_____	_____

### Payments from Qualified Education Programs

	2016 Information	Prior Year Information
Gross distribution (Box 1)	_____	_____
Earnings (Box 2)	_____	_____
Basis (Box 3)	_____	_____
Trustee-to-trustee rollover (Box 4)	_____	_____
Trustee-to-trustee rollover amount if different than Box 1	_____	_____
<b>Box 5 -</b>		
Private QTP	_____	_____
State QTP	_____	_____
Coverdell ESA	_____	_____
Check if the recipient is not the designated beneficiary (Box 6)	_____	_____
Qualified education expenses	_____	_____
Elementary and secondary education expenses	_____	_____

### NOTES/QUESTIONS:

**Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.  
If the parent or student tax return was prepared elsewhere, please provide the completed tax return.**

This FAFSA information is for the:  **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts

+ [8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence

+ [9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms

+ [10]

Child support paid because of divorce, separation, or a result of a legal requirement

**2015 Information**

[13] + **2016 Information** [38]

Taxable earnings from need-based employment programs

[14] + [39]

Student grant and scholarship aid included in adjusted gross income

[15] + [40]

Earnings from work under a cooperative education program offered by a college

[16] + [41]

Child support received but do not include foster care or adoption payments

[17] + [42]

Veterans noneducation benefits

[18] + [43]

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.

[19] + [44]

Money received or paid on behalf of the student (For the student's worksheet only)

[20] + [45]

**Control Totals +**

**Federal Student Aid Application Information #2**

This FAFSA information is for the:  **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts

+ [8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence

+ [9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms

+ [10]

Child support paid because of divorce, separation, or a result of a legal requirement

**2015 Information**

[13] + **2016 Information** [38]

Taxable earnings from need-based employment programs

[14] + [39]

Student grant and scholarship aid included in adjusted gross income

[15] + [40]

Earnings from work under a cooperative education program offered by a college

[16] + [41]

Child support received but do not include foster care or adoption payments

[17] + [42]

Veterans noneducation benefits

[18] + [43]

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.

[19] + [44]

Money received or paid on behalf of the student (For the student's worksheet only)

[20] + [45]

**NOTES/QUESTIONS:**

**Control Totals +**

**Educate**

**Form ID: FAFSA**

### Schedule A - Medical and Dental Expenses

T/S/J	2016 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Prescription medicines and drugs:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Miles driven for medical items		
_____	_____	_____

### Schedule A - Tax Expenses

T/S/J	2016 Information	Prior Year Information
State/local income taxes paid:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
2015 state and local income taxes paid in 2016:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Real estate taxes paid:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Personal property taxes:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other taxes, such as: foreign taxes and State disability taxes		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Sales tax paid on major purchases:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Sales tax paid on actual expenses:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Control Totals

### Interest Expenses

T/S/J	2016 Interest Paid	2016 Points Paid	Type*	2016 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage  
 3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2016 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
Address				
City, state and zip code				
Address				
City, state and zip code				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2016 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points deemed as paid in 2016 (Preparer use only) \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2016 \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points deemed as paid in 2016 (Preparer use only) \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2016 \_\_\_\_\_

**T/S/J 2016 Information**  
Investment interest expense, other than on Schedule(s) K-1:




Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2016 Information	Prior Year Information
Description of loan/property	_____	
Taxpayer/Spouse/Joint (T.S.)	_____	
Loan origination date	_____	
Fair market value of home	_____	
Number of months loan was outstanding in 2016, if not 12	_____	
Number of months home was a qualifying home (If different from number of months loan was outstanding)	_____	
Principal paid in 2016	_____	
Interest paid during 2016	_____	
Points reported on Form 1098 for 2016	_____	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name	_____	
Recipient SSN or EIN	_____	
Recipient address	_____	
Recipient city, state, zip code	_____	
Grandfather debt as of 12/31/15 (or first day mortgage was outstanding)	_____	
Grandfather debt as of 12/31/16 (or last day mortgage was outstanding)	_____	
Home acquisition/improvement debt as of 12/31/15 (or first day mortgage was outstanding)	_____	
Home acquisition/improvement debt as of 12/31/16 (or last day mortgage was outstanding)	_____	
Home equity debt as of 12/31/15 (or first day mortgage was outstanding)	_____	
Home equity debt as of 12/31/16 (or last day mortgage was outstanding)	_____	
Average balance in 2016 of grandfather debt	_____	
Average balance in 2016 of home acquisition/improvement debt	_____	
Average balance for 2016 all types of debt	_____	

**NOTES/QUESTIONS:**





**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_

Occupation in which expenses were incurred \_\_\_\_\_

State postal code \_\_\_\_\_

**Vehicle Questions**

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)

Was another vehicle available for personal use? (Y, N)

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)

**2016 Information**

**Prior Year Information**

_____	_____
_____	_____
_____	_____

**Vehicle Information**

Vehicle 1 -	Date placed in service _____	
	Description _____	
	Comments _____	
Vehicle 2 -	Date placed in service _____	
	Description _____	
	Comments _____	
Vehicle 3 -	Date placed in service _____	
	Description _____	
	Comments _____	
Vehicle 4 -	Date placed in service _____	
	Description _____	
	Comments _____	

**Vehicles Actual Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____	_____	_____	_____	_____	_____	_____	_____
Business mileage	_____	_____	_____	_____	_____	_____	_____	_____
Average daily round trip commuting mileage	_____	_____	_____	_____	_____	_____	_____	_____
Total commuting mileage	_____	_____	_____	_____	_____	_____	_____	_____
Gasoline	_____	_____	_____	_____	_____	_____	_____	_____
Oil	_____	_____	_____	_____	_____	_____	_____	_____
Repairs	_____	_____	_____	_____	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____	_____	_____	_____	_____
Tires	_____	_____	_____	_____	_____	_____	_____	_____
Car washes	_____	_____	_____	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____	_____	_____	_____
Registration	_____	_____	_____	_____	_____	_____	_____	_____
Licenses	_____	_____	_____	_____	_____	_____	_____	_____
Property taxes (Plates, tags, etc)	_____	_____	_____	_____	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____	_____	_____	_____	_____
Inclusion amt (Preparer only)	_____	_____	_____	_____	_____	_____	_____	_____
Other vehicle expenses	_____	_____	_____	_____	_____	_____	_____	_____
Value of employer provided vehicle	_____	_____	_____	_____	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____	_____	_____	_____	_____

**Control Totals**

**Noncash Contributions Exceeding \$500**

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

**Noncash Contributions Exceeding \$500**

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

**Noncash Contributions Exceeding \$500**

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

**Contributions of Motor Vehicles, Boats & Airplanes**

Please provide all Forms 1098-C. If you received a different acknowledgement from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]

Donee's name \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [3]

Date of contribution (Box 1) \_\_\_\_\_ [9]

Odometer mileage (Box 2a) \_\_\_\_\_ [10]

Year of vehicle (Box 2b) \_\_\_\_\_ [11]

Make of vehicle (Box 2c) \_\_\_\_\_ [12]

Model of vehicle (Box 2d) \_\_\_\_\_ [13]

Vehicle or other identification number (Box 3) \_\_\_\_\_ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) \_\_\_\_\_ [15]

Date of sale (Box 4b) \_\_\_\_\_ [16]

Gross proceeds from sale (Box 4c) + \_\_\_\_\_ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) \_\_\_\_\_ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) \_\_\_\_\_ [19]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) \_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes \_\_\_\_\_ [21] No \_\_\_\_\_ [22]

Value of goods and services provided in exchange for the vehicle (Box 6b) + \_\_\_\_\_ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) \_\_\_\_\_ [24]

Description of goods and services (Box 6c) \_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) \_\_\_\_\_ [26]

**Other Information for Donated Property**

Overall physical condition of property \_\_\_\_\_ [31]

Date property was acquired by donor \_\_\_\_\_ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [33]

Donor's cost or basis + \_\_\_\_\_ [34]

Fair market value on date of contribution + \_\_\_\_\_ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [36]

If other: \_\_\_\_\_ [37]

Bargain sale amount received \_\_\_\_\_ [38]

Donee's address, and ZIP code \_\_\_\_\_ [42]

\_\_\_\_\_ [43] \_\_\_\_\_ [44] \_\_\_\_\_ [45]

Donee's telephone number \_\_\_\_\_ [46]

**NOTES/QUESTIONS:**

Preparer use only

Principal business or profession

Taxpayer/Spouse/Joint (r, s, j)

State postal code

Business Use of Home

	2016 Information	Prior Year Information
Total area of home	_____	_____
Area used exclusively for business	_____	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	_____
Total hours used this year, if less than 8784	_____	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	_____
Area used partly for day-care business	_____	_____

List as direct expenses any expenses which are attributable only to the business part of your home.  
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2016 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	_____	_____	_____
Mortgage insurance premiums	_____	_____	
Real estate taxes:	_____	_____	
Excess mortgage interest and insurance premiums	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession \_\_\_\_\_

**Vehicles**

Vehicle 1 -	Date placed in service _____
	Description _____
	Comments _____
Vehicle 2 -	Date placed in service _____
	Description _____
	Comments _____
Vehicle 3 -	Date placed in service _____
	Description _____
	Comments _____
Vehicle 4 -	Date placed in service _____
	Description _____
	Comments _____

**Vehicle Questions**

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>
Is this evidence written? (Y, N)	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>

**Vehicle Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____	_____	_____	_____	_____	_____	_____	_____
Commuting miles	_____	_____	_____	_____	_____	_____	_____	_____
Business miles	_____	_____	_____	_____	_____	_____	_____	_____
Parking fees	_____	_____	_____	_____	_____	_____	_____	_____
Tolls	_____	_____	_____	_____	_____	_____	_____	_____
Gasoline	_____	_____	_____	_____	_____	_____	_____	_____
Oil	_____	_____	_____	_____	_____	_____	_____	_____
Repairs	_____	_____	_____	_____	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____	_____	_____	_____	_____
Tires	_____	_____	_____	_____	_____	_____	_____	_____
Car washes	_____	_____	_____	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____	_____	_____	_____
Registration	_____	_____	_____	_____	_____	_____	_____	_____
Licenses	_____	_____	_____	_____	_____	_____	_____	_____
Property taxes	_____	_____	_____	_____	_____	_____	_____	_____
Other vehicle expenses	_____	_____	_____	_____	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____	_____	_____	_____	_____
Inclusion amt (Preparer only)	_____	_____	_____	_____	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____	_____	_____	_____	_____

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

2016 Information

Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)

Empty box for Prior Year Information

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type \*, Full Year, Start Month, End Month. Multiple rows for data entry.

\*Other Exemption Type Codes

- A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Medicaid/TRICARE/Fiscal year employer plan
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

2016 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

Self-employed long-term care premiums: (Not entered elsewhere)

Large empty box for premium information

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

Marketplace identifier (Box 1)

Marketplace-assigned policy number (Box 2)

Policy issuer's name (Box 3)

Part III Household Information -

	A. 2016 Monthly Premium Amount	Prior Year Information	B. 2016 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2016 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Annual total					

Control Totals

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

Marketplace identifier (Box 1)

Marketplace-assigned policy number (Box 2)

Policy issuer's name (Box 3)

Part III Household Information -

	A. 2016 Monthly Premium Amount	Prior Year Information	B. 2016 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2016 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Annual total					

Control Totals

NOTES/QUESTIONS:



Please provide all Forms 5498-SA.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of Trustee	_____	
State postal code	_____	
Indicate type of health or medical savings account:		
HSA	—	
Archer MSA	—	
MA (Medicare Advantage) MSA	—	
Total HSA/MSA contributions made	_____	
for 2016 (Enter all amounts contributed, including through employer cafeteria plans)	_____	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	—	
Number of months in qualified high deductible health plan in 2016	_____	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	—	
Total HSA/MSA contribution to be made for 2016	_____	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	_____	
Excess contributions for 2015 taken as constructive contributions for 2016	_____	
Rollover contribution (Form 5498-SA, Box 4)	_____	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	_____	
Enter compensation from employer maintaining high deductible health plan	_____	
If self-employed, enter earned income from business under which plan was established	_____	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2016? (Y, N) \_\_\_\_\_

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 350px; width: 100%;"></div>
Name of Trustee	—	
State postal code	—	
Gross distributions received <b>(Box 1)</b>	—	
Earnings on excess contributions <b>(Box 2)</b>	—	
Distribution code <b>(Box 3)</b>	—	
Fair Market Value on date of death <b>(Box 4)</b>	—	
<b>Box 5 -</b>		
HSA	—	
Archer MSA	—	
MA MSA	—	
All distributions were used to pay unreimbursed qualified medical expenses	—	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2016	—	
Withdrawal of excess contributions by the due date of the return	—	
Amount of distribution rolled over for 2016	—	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	—	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/15	—	
For HSA accounts:		
Was the high deductible health plan coverage started in 2015 and in effect for the month of December 2015? (Y, N)	—	
Was the high deductible health plan coverage ended before 12/31/16? (Y, N)	—	

### Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2016 Information	Prior Year Information
Name of the insured chronically ill individual	—	<div style="border: 1px solid black; height: 350px; width: 100%;"></div>
Social security number of insured	—	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	—	
Accelerated death benefits paid <b>(Box 2)</b>	—	
<b>Check one (Box 3)</b>		
Per diem	—	
Reimbursed amount	—	
Qualified contract <b>(Box 4)</b>	—	
<b>Check, if applicable (Box 5)</b>		
Chronically ill	—	
Terminally ill	—	
Are there other individuals who received LTC payments during 2016? (Y, N)	—	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	—	
Number of days during the long-term care period	—	
Cost incurred for qualified long-term care services during the long-term care period	—	

**NOTES/QUESTIONS:**



**Complete if you paid cash wages of \$1,000 or more to any household employee.**

Taxpayer/Spouse (T, S)		_____ [1]
Employer identification number		_____ [2]
Total cash wages subject to social security taxes	+	_____ [4]
Total cash wages subject to Medicare taxes	+	_____ [5]
Total cash wages subject to Additional Medicare Tax withholding	+	_____ [6]
Federal income tax withheld	+	_____ [7]
State disability plan social security & Medicare withheld	+	_____ [8]
Did you:		
(A) pay any household employee cash wages of \$2000 or more in 2016? (Y, N)		_____ [9]
(B) withhold Federal income tax for any household employee? (Y, N)		_____ [10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2015 or 2016? (Y, N)		_____ [11]

<b>Federal Unemployment (FUTA) Tax</b>
--

**If you answered "Yes" to question (C) above, complete the following information.  
Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax		+ _____ [12]
State #1 information		
State postal code where you have to pay unemployment contributions *		_____ [14]
State reporting number as shown on state unemployment tax return		_____ [15]
Taxable wages (as defined in state act)	+	_____ [16]
State experience rate period:		
From		_____ [17]
To		_____ [18]
State experience rate (xxx.xx)		_____ [19]
Contributions paid to state unemployment fund *	+	_____ [20]
Contributions for 2016 paid after 04/18/17	+	_____ [21]
State #2 information		
State postal code where you have to pay unemployment contributions		_____ [22]
State reporting number as shown on state unemployment tax return		_____ [23]
Taxable wages (as defined in state act)	+	_____ [24]
State experience rate period:		
From		_____ [25]
To		_____ [26]
State experience rate (xxx.xx)		_____ [27]
Contributions paid to state unemployment fund	+	_____ [28]
Contributions for 2016 paid after 04/18/17	+	_____ [29]

**NOTES/QUESTIONS:**

### Child and Dependent Care Expenses

Please enter all amounts paid in 2016 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2015 employer-provided dependent care benefits used during 2016 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2016	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2016		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2016 \_\_\_\_\_ + \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2016 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2016 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2016 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2016 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

## Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (r, s, j)		[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	[5]
Enter the total amount of costs for exterior windows	+	[7]
Enter the total amount of costs for exterior doors	+	[9]
Enter the total amount of costs for qualified metal roofs	+	[11]
Enter the total amount of costs for energy-efficient building property	+	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	[10]
Enter the total amount of costs for qualified solar electric property	+	[12]
Enter the total amount of costs for qualified solar water heating property	+	[14]
Enter the total amount of costs for qualified small wind energy property	+	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	[13]
Enter the total amount of costs for qualified fuel cell property	+	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		[17]

**NOTES/QUESTIONS:**

**Foreign Tax Credit**

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2016.

Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [9]  
 Category of income\* \_\_\_\_\_ [11]  
 Description of income \_\_\_\_\_ [12]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

**Foreign Income or Loss**

Country code \_\_\_\_\_ [19]  
 Country name \_\_\_\_\_ [20]

	Regular	AMT, if different
Foreign gross income	+ _____ [23]	+ _____ [24]
Definitely related expenses:		
_____	+ _____ [31]	+ _____ [32]
_____	+	+
_____	+	+
_____	+	+
Foreign source losses	+ _____ [45]	+ _____ [46]

**Foreign Taxes Paid or Accrued**

Foreign taxes paid or accrued:	
Date paid or accrued	_____ [47]
In foreign currency - taxes withheld on:	
Dividends	+ _____ [48]
Rents & royalties	+ _____ [49]
Interest	+ _____ [50]
Other foreign taxes	+ _____ [51]
In US dollars - taxes withheld on:	
Dividends	+ _____ [53]
Rents & Royalties	+ _____ [54]
Interest	+ _____ [55]
Other foreign taxes	+ _____ [56]

**NOTES/QUESTIONS:**

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)

	2016 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	
Type of Account:		
Bank	—	
Securities	—	
Other	—	
Maximum value of account	_____	_____
Account number or other designation	_____	_____
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/country	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	
2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest		

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner \_\_\_\_\_

Foreign identification number of account holder/joint owner (If no Taxpayer identification number) \_\_\_\_\_

Last name or organization name of account holder/joint owner \_\_\_\_\_

First name and middle initial of account holder/joint owner \_\_\_\_\_

Address and apartment \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

    For addresses in Mexico, enter state \_\_\_\_\_

Foreign postal code \_\_\_\_\_

Number of joint owners (Not including taxpayer, if applicable) \_\_\_\_\_

Filer's title with this owner (if applicable) \_\_\_\_\_

NOTES/QUESTIONS:





Preparer use only

Activity name \_\_\_\_\_

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
<b>EXAMPLE</b>		2016 Model T - (EXAMPLE ASSET)	03/09/16	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

## **ADDITIONAL INFORMATION**