

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

- Did your marital status change during the year?

If "Yes," explain _____

- Can you or your spouse be claimed as a dependent by someone else?
 Did your address change during the year?

Dependent Information

- Did you have any changes in dependents during the year?

If "Yes," explain _____

- Can another person qualify to claim the child?
 Did you have any childcare expenses during the year?
 Did you have any adoption expenses during the year?
 Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?
 Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?
 Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
 If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
 Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
 Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
 Did you have any income from, or pay taxes to, a foreign country?
 Did you receive any tips not reported to your employer?
 Did you receive any disability income during the year?
 Did you cash any U.S. Savings Bonds during the year?
 Did you receive any other income not provided with this organizer?
 If "Yes," explain _____
- Did you start a new business or purchase any rental property during the year?
 Did you sell an existing business, rental property, or other property during the year?
 Did you purchase any business assets or convert any assets to business use?
 If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
 Did you buy or sell any stocks, bonds, or other investments during the year?
 Did you sell a principal residence during the year?
 If "Yes," provide closing documentation for the purchase and sale of the home
- Did you foreclose or abandon a principal residence or real property during the year?
 Did you refinance your principal home or second home or take out a home equity loan during the year?
 If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest, during this year, from property sold in prior years?
 Did you rent out your home or use it for business?
 Did you sell, exchange, or purchase any real estate during the year?
 Did you acquire a new or additional interest in a partnership or S corporation?
 Did you have any debts canceled or forgiven this year?
 Does anyone owe you money that has become uncollectible?
 Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
 If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
 Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
 Did you receive any state or local income tax refunds from prior years?
 Did you make any major purchases (vehicle, boats, etc.) during the year?
 Did you pay any real estate property taxes or personal property taxes during the year?
 Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN:

- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?
- Did you have gambling losses during the year?

Retirement Information

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

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make any gifts to any one person in excess of \$14,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses due to a change in employment?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes?
- If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes?
- Did you make any estimated payments toward your 2016 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a physical copy or a PDF copy of your tax return?

Preparer Notes

Miscellaneous Notes

2016 Comprehensive Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Date of Birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer Email				
Spouse Email				

Marital Status at end of 2016

- Married
 Married filing separately
 Single
 Widow(er), Date of spouse's death if deceased in 2016 _____

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No Are you blind?
 Yes No Are you disabled?
 Yes No Are you a full-time student
 Yes No Do you want \$3 to go to the Presidential Election Campaign Fund?

Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2015	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Appointment Information & Notes

Your 2016 appointment is scheduled for _____

Notes

Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

	All Year	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

SPOUSE

	All Year	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

Healthcare Coverage Questionnaire for Dependents (for preparer use)

	_All Year	January	February	March	April	_May	_June	_July	_August	_September	_October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return?												

	_All Year	January	February	March	April	_May	_June	_July	_August	_September	_October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return?												

	_All Year	January	February	March	April	_May	_June	_July	_August	_September	_October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return?												

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

		2016	2015
Social Security Number or Employer ID Number _____	Amount Paid _____		
Name _____			
Street Address _____			
City _____		Phone _____	
U.S. Only	State, ZIP _____		
Foreign Only	Province/State, Country, Postal Code _____		

		2016	2015
Social Security Number or Employer ID Number _____	Amount Paid _____		
Name _____			
Street Address _____			
City _____		Phone _____	
U.S. Only	State, ZIP _____		
Foreign Only	Province/State, Country, Postal Code _____		

		2016	2015
Social Security Number or Employer ID Number _____	Amount Paid _____		
Name _____			
Street Address _____			
City _____		Phone _____	
U.S. Only	State, ZIP _____		
Foreign Only	Province/State, Country, Postal Code _____		

		2016	2015
Social Security Number or Employer ID Number _____	Amount Paid _____		
Name _____			
Street Address _____			
City _____		Phone _____	
U.S. Only	State, ZIP _____		
Foreign Only	Province/State, Country, Postal Code _____		

Wages and Salaries

Name: _____

SSN: _____

Attach all W-2 Form(s)

TS _____ Employer's name and address: _____ Federal EIN _____

	2016	2015		2016	2015
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee? _____		_____	Local wages	_____	_____
Are you covered by a retirement plan? _____		_____	Local income tax	_____	_____
Did you receive third-party sick pay? _____		_____			

TS _____ Employer's name and address: _____ Federal EIN _____

	2016	2015		2016	2015
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee? _____		_____	Local wages	_____	_____
Are you covered by a retirement plan? _____		_____	Local income tax	_____	_____
Did you receive third-party sick pay? _____		_____			

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Accounting method, if not cash Accrual Other _____

Inventory method, if not cost Lower of Cost or Market Other

Change of inventory method Yes No

You started or acquired this business during 2016

Some investment is NOT at risk

You disposed of this property during 2016

Did you make any payments in 2016 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Other Information

	2016	2015
Family health coverage	_____	_____

Income

	2016	2015
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

	2016	2015
Inventory at beginning of the year	_____	_____
Purchases (less cost of items withdrawn for personal use)	_____	_____
Cost of labor	_____	_____
Materials and supplies	_____	_____
Other costs (list on detail worksheet)	_____	_____
Inventory at end of year	_____	_____

Casualties and Thefts

Name:

SSN:

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____	2016	Prior Years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____	2016	Prior Years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____	2016	Prior Years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy _____

- | | | |
|---|--|--|
| <input type="checkbox"/> This property is your main home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2016 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s) |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

	2016	2015		2016	2015
Rent Income			Royalties from oil, gas, mineral, copyright or patent		
Rental income from Form 1099-MISC			Royalties from Form 1099(s)-MISC		

Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses		
Advertising					If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel					
Cleaning & maintenance					
Commissions					
Depletion					
Insurance					
Legal & professional fees					
Management fees					
Interest - mortgage					
Interest - other					
Repairs					
Supplies					
Taxes					
Utilities					
Other expenses					

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2016 This farm received applicable subsidy during 2016

Income

	2016	2015		2016	2015
Income from production of livestock, grains, and other crops	_____	_____	Other income	_____	_____
Total cooperative distributions	_____	_____		_____	_____
Total agricultural payments	_____	_____		_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____		_____	_____
CCC loans forfeited	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2016	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to next year					
Amount deferred from last year	_____	_____		_____	_____

Expenses

	2016	2015		2016	2015
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses		
Freight & trucking	_____	_____		_____	_____
Gasoline, fuel, & oil	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other:	_____	_____		_____	_____
Labor hired (less jobs credit)	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID Number _____

- This farm was disposed of during 2016 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
- This farm received government subsidy in 2016 Yes No You filed Form(s) 1099 for the individual(s)

Income

	2016	2015		2016	2015
Sales of livestock / other items	_____	_____	Beginning inventory for accrual	_____	_____
Cost of items bought for resale	_____	_____	Ending inventory for accrual	_____	_____
Sale of products you raised	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total cooperative distributions	_____	_____	Other income	_____	_____
Total agricultural payments	_____	_____			
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____			
CCC loans forfeited	_____	_____			
Crop insurance proceeds:					
Amount received in 2016	_____	_____			
<input type="checkbox"/> You elect to defer to next year					
Amount deferred from last year	_____	_____			
Custom hire income	_____	_____			

Expenses

	2016	2015		2016	2015
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses	_____	_____
Freight & trucking	_____	_____			
Gasoline, fuel, & oil	_____	_____			
Insurance (other than health)	_____	_____			
Interest - mortgage (paid to banks, etc.)	_____	_____			
Interest - other	_____	_____			
Labor hired (less jobs credit)	_____	_____			
Pension & profit-sharing plans	_____	_____			
Rent - vehicles, machinery, & equip	_____	_____			
Rent - other (land, animals, etc.)	_____	_____			
Repairs & maintenance	_____	_____			

Form 1099-G Unemployment Compensation

Name: _____

SSN: _____

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. Only State, ZIP: _____

Foreign Only Province/State, Country, Postal Code: _____

Payer's phone: _____ Account number: _____

	2016	2015	
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business
Unemployment compensation repaid in current year	_____	_____	Market gain
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____
Tax year	_____	_____	State unemployment
Federal tax withheld	_____	_____	State withholding
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad
Taxable grants	_____	_____	
Agriculture	_____	_____	

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. Only State, ZIP: _____

Foreign Only Province/State, Country, Postal Code: _____

Payer's phone: _____ Account number: _____

	2016	2015	
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business
Unemployment compensation repaid in current year	_____	_____	Market gain
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____
Tax year	_____	_____	State unemployment
Federal tax withheld	_____	_____	State withholding
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad
Taxable grants	_____	_____	
Agriculture	_____	_____	

Form 1099-MISC

Name: _____

SSN: _____

Please attach all Form(s) 1099 MISC

TS ____ For _____ Payer's Federal ID number: _____

Payer's name: _____

Address: _____

	2016	2015		2016	2015
Rents	_____	_____	State _____ State I.D. _____	_____	_____
Royalties	_____	_____	State tax withheld	_____	_____
Other income	_____	_____	State income	_____	_____
Description _____			Name of locality _____		
Federal tax withheld	_____	_____	Local tax withheld	_____	_____
Fishing boat proceeds	_____	_____	Local income	_____	_____
Medical and health care payments . .	_____	_____	State _____ State I.D. _____	_____	_____
Non-employee compensation	_____	_____	State tax withheld	_____	_____
Substitute payments	_____	_____	State income	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds	_____	_____	Local tax withheld	_____	_____
Excess golden parachute	_____	_____	Local income	_____	_____
Gross attorney proceeds	_____	_____			
Taxable Proceeds	_____	_____			
Section 409A deferrals	_____	_____			
Section 409A income	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Please attach all Form(s) 1099-R, SSA statements, etc.

TS _____ Payer's name: _____

Payer's Federal ID Number: _____

Address: _____

	2016	2015		2016	2015
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____	State income tax withheld	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>		State distribution	
Gross distribution			Name of locality _____		
Taxable amount			Local income tax withheld		
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution		
Capital gain			State _____ State I.D. _____	State income tax withheld	
Federal income tax withheld				State distribution	
Employee contributions or insurance premiums			Name of locality _____		
Distribution code(s)			Local income tax withheld		
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution		
Your percentage of total distribution					

TS _____ Payer's name: _____

Payer's Federal ID Number: _____

Address: _____

	2016	2015		2016	2015
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____	State income tax withheld	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>		State distribution	
Gross distribution			Name of locality _____		
Taxable amount			Local income tax withheld		
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution		
Capital gain			State _____ State I.D. _____	State income tax withheld	
Federal income tax withheld				State distribution	
Employee contributions or insurance premiums			Name of locality _____		
Distribution code(s)			Local income tax withheld		
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution		
Your percentage of total distribution					

Social Security Benefit Statement

TS _____

2016

2015

TS _____

2016

2015

Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

Adjustments

Name: _____

SSN: _____

Moving Expenses

	2016	2015
TSJ _____		
Enter the number of miles from your OLD home to your NEW workplace	_____	_____
Enter the number of miles from your OLD home to your OLD workplace	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects	_____	_____
Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer	_____	_____
Was this a military move? <input type="checkbox"/> Yes		

Self-Employed Health Insurance

	2016	2015
TSJ _____		
Enter the qualified long term care amount	_____	_____
Enter your Medicare wages from an S corporation	_____	_____

Self-Employed Pensions

	2016	2015
TSJ _____		
Enter your plan contribution rate as a decimal	_____	_____
Enter your allowable elective deferrals made during 2016	_____	_____
Enter your catch-up contributions	_____	_____
Enter the amount of designated ROTH contributions included above	_____	_____

Nondeductible IRAs

	2016	2015
TS _____		
Total traditional IRA contributions made for 2016	_____	_____
Total basis in traditional IRAs as of 12/31/2016	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)	_____	_____
Amount of traditional IRAs converted to ROTH IRAs	_____	_____
IRA basis before conversion	_____	_____
Total ROTH IRA contributions made for 2016	_____	_____

Health Savings Account

	2016	2015
TSJ _____		
HSA contributions made for 2016	_____	_____
Total distributions from all HSAs during 2016	_____	_____
Distributions included above that were rolled over	_____	_____
Qualified medical expenses paid using HSA distributions	_____	_____

Noncash Charitable Contributions

Name: _____

SSN: _____

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property Type (if over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital Gain property

Date contributed _____

Property Type (if over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Scholarships or grants not reported on Form W-2	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2016	_____	_____	_____	_____
Social Security benefits (attach Forms 1099-SSA)	_____	_____	_____	_____
Railroad retirement benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adjustments

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid		_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Contributions made to a Roth IRA	_____	_____	_____	_____
Contributions made to a myRA	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender Information: _____ Federal ID # _____

Name _____

Address _____

	2016	2015		2016	2015
Mortgage interest received			Mortgage insurance premiums		
Points paid			Real estate taxes paid		
Refund overpaid interest			Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender Information: _____ Federal ID # _____

Name _____

Address _____

	2016	2015		2016	2015
Mortgage interest received			Mortgage insurance premiums		
Points paid			Real estate taxes paid		
Refund overpaid interest			Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender Information: _____ Federal ID # _____

Name _____

Address _____

	2016	2015		2016	2015
Mortgage interest received			Mortgage insurance premiums		
Points paid			Real estate taxes paid		
Refund overpaid interest			Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender Information: _____ Federal ID # _____

Name _____

Address _____

	2016	2015		2016	2015
Mortgage interest received			Mortgage insurance premiums		
Points paid			Real Estate taxes paid		
Refund overpaid interest			Account number _____		

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

Part I - Employee Business Expense and Reimbursements

	2016	2015
Rural mail carrier	_____	_____
Parking fees, tolls, and local transportation, including train, bus, etc.	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
DOT meals	_____	_____
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee	_____	_____
Portion of total expenses that is for an Armed Forces reservist	_____	_____

- Qualifying performing artist
 Fee-based state or local government official
 Pastor

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2016	2015	2016	2015
Enter the date vehicle was placed in service	_____	_____	_____	_____
Total miles vehicle was driven during 2016	_____	_____	_____	_____
Business miles	_____	_____	_____	_____
Average daily roundtrip commuting distance	_____	_____	_____	_____
Commuting miles included in total miles above	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)	_____	_____	_____	_____
Enter cost or other basis	_____	_____	_____	_____
Enter section 179 deduction	_____	_____	_____	_____
Enter depreciation method and percentage	_____	_____	_____	_____

- If your employer provided a vehicle, was personal use during off duty hours permitted? . . . Yes No
 Do you or your spouse have another vehicle available for personal use? Yes No
 Do you have evidence to support your deduction? Yes No
 If "Yes", is the evidence written? Yes No

Auto Expense Worksheet

Name: _____

SSN: _____

For _____

Business name and Profession/Product _____

Description _____

Date placed in service _____

Do you or your spouse have another vehicle available for personal use? Yes No

Was this your vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:	2016	2015		Prior Year Total
a Business			Business	
b Commuting			Total	
c Other				

Expenses

	2016		2015
Garage rent			
Gas			
Insurance			
Licenses			
Oil			
Parking fees			
Lease payments			
Interest			
Property tax			
Repairs			
Tires			
Tolls			
Other expenses (list):		Apply Business %	
_____		<input type="checkbox"/>	
_____		<input type="checkbox"/>	
_____		<input type="checkbox"/>	

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

	2016	2015
Square feet of home used exclusively for business		
Total square feet of home		

Use of Home for Daycare

	2016	2015
Area used part time for business		
Total hours used for daycare		
Total hours available		

Did you live in the home all year? Yes No

Expenses

	Office expenses		Home expenses		
	2016	2015	2016	2015	
Mortgage interest					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes					
Excess mortgage interest					
Insurance					
Rent					
Repairs & maintenance					
Utilities					
Other expenses					

Cost of Home

	2016	2015
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land		
Date placed in service		
Date taken out of service		

Residential Energy Credits

Name: _____

SSN: _____

TSJ _____

Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified solar water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

Was qualified fuel cell property installed on or in your main home in US? Yes No

Address of main home _____

City, State, ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of property on line 22 _____

Amount of unused credit from 2015 Form 5695, line 28 _____

Were improvements or costs made to your main home located in the US? Yes No

Address of main home _____

City, State, ZIP _____

Were improvements or costs related to the construction of this main home? Yes No

Enter the nonbusiness energy property credit that you took in:

2006 _____ 2009 _____ 2011 _____ 2013 _____ 2015 _____

2007 _____ 2010 _____ 2012 _____ 2014 _____

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain _____

Exterior doors that meet or exceed Energy Star requirements _____

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain _____

Exterior windows and skylights that meet or exceed Energy Star requirements _____

Enter the amount of window expense you claimed in:

2006 _____ 2009 _____ 2011 _____ 2013 _____ 2015 _____

2007 _____ 2010 _____ 2012 _____ 2014 _____

Residential energy property costs

Energy efficient building property costs _____

Qualified natural gas, propane, or oil furnace or hot water boiler _____

Advanced main air circulating fan used in a natural gas, propane, or oil furnace _____

Education Credits and Deduction

Name: _____

SSN: _____

Provide all Form(s) 1098-T

Student's first and last name: _____ SSN: _____

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?

Was the student enrolled at least half time for at least one academic period that began in 2016 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?

Did the student complete the first four years of post-secondary education before 2016?

Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution _____

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution _____

Tax-free education assistance received in 2016 allocable to the academic period _____

Tax-free education assistance received in 2017 (and before 2016 return is filed) allocable to the academic period _____

Refunds of qualified education expenses paid in 2016 if the refund is received before the 2016 return is filed _____

Educational Institution Name: _____

Educational Institution Name: _____

Student's first and last name: _____ SSN: _____

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?

Was the student enrolled at least half time for at least one academic period that began in 2016 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?

Did the student complete the first four years of post-secondary education before 2016?

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Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution _____

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution _____

Tax-free education assistance received in 2016 allocable to the academic period _____

Tax-free education assistance received in 2017 (and before 2016 return is filed) allocable to the academic period _____

Refunds of qualified education expenses paid in 2016 if the refund is received before the 2016 return is filed _____

Educational Institution Name: _____

Educational Institution Name: _____

Energy Credits

Name:

SSN:

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
How many wheels does the vehicle have?	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Tentative credit	_____	_____
Business/investment use percentage	_____	_____
Section 179 expense deduction	_____	_____

Form 8910 - Alternative Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Maximum credit allowable	_____	_____
Business/investment use percentage	_____	_____

