



# Personal Tax Organizer

### Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

### Present Mailing Address

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 Foreign phone number \_\_\_\_\_ [47]  
 In care of addressee \_\_\_\_\_ [48]

### Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>49]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]  
 Social security number of qualifying person \_\_\_\_\_ [51]

#### Dependent Codes

- \*Basic** 1 = Child who lived with you
- 2 = Child who did not live with you
- 3 = Other dependent
- 5 = Qualifying child for Earned Income Credit only
- 6 = Children who lived with you, but do not qualify for Earned Income Credit
- 7 = Children who lived with you, but do not qualify for Child Tax Credit
- 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit
- \*\*Other** 1 = Student (Age 19 - 23)
- 2 = Disabled dependent
- 3 = Dependent who is both a student and disabled
- \*\*\*Month** 7 = Reported on odd year return
- 8 = Reported on even year return
- 99 = Not reported on return

**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: \_\_\_\_\_ [18] \_\_\_\_\_ [26]

    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

**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 \_\_\_\_\_ [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 \_\_\_\_\_ [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]

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

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## NOTES/QUESTIONS:

**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 (State issued only) \_\_\_\_\_ [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 (State issued only) \_\_\_\_\_ [11]  
Document number (New York only) \_\_\_\_\_ [12]

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**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:**

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	_____









	2016 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____	+ _____ [1]	<div style="border: 1px solid black; height: 100px;"></div>
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends	+ _____ [17]	+ _____ [18]	

T/S/J	Self-Employment Income? (Y, N)	2016 Information		Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	_____	+ _____ [14]	<div style="border: 1px solid black; height: 200px;"></div>
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

NOTES/QUESTIONS:

**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:**

**Taxable Distributions Received from Cooperatives #1**

Please provide all Forms 1099-PATR

Preparer use only

Name of payer \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Patron dividends (Box 1) + \_\_\_\_\_ [10]  
 Nonpatronage distributions (Box 2) + \_\_\_\_\_ [12]  
 Per-unit retain allocations (Box 3) + \_\_\_\_\_ [14]  
 Federal income tax withheld (Box 4) + \_\_\_\_\_ [16]  
 Redemption of nonqualified notices and retain allocations (Box 5) + \_\_\_\_\_ [18]  
 Domestic production activities deductions (Box 6) + \_\_\_\_\_ [20]  
 Investment credit (Box 7) + \_\_\_\_\_ [22]  
 Work opportunity credit (Box 8) + \_\_\_\_\_ [24]  
 Patron's AMT adjustments (Box 9) + \_\_\_\_\_ [26]  
 Other credits and deductions #1 (Box 10) + \_\_\_\_\_ [28]  
 Other credits and deductions #2 (Box 10) + \_\_\_\_\_ [30]

**Control Totals+**

**Taxable Distributions Received from Cooperatives #2**

Please provide all Forms 1099-PATR

Preparer use only

Name of payer \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Patron dividends (Box 1) + \_\_\_\_\_ [10]  
 Nonpatronage distributions (Box 2) + \_\_\_\_\_ [12]  
 Per-unit retain allocations (Box 3) + \_\_\_\_\_ [14]  
 Federal income tax withheld (Box 4) + \_\_\_\_\_ [16]  
 Redemption of nonqualified notices and retain allocations (Box 5) + \_\_\_\_\_ [18]  
 Domestic production activities deductions (Box 6) + \_\_\_\_\_ [20]  
 Investment credit (Box 7) + \_\_\_\_\_ [22]  
 Work opportunity credit (Box 8) + \_\_\_\_\_ [24]  
 Patron's AMT adjustments (Box 9) + \_\_\_\_\_ [26]  
 Other credits and deductions #1 (Box 10) + \_\_\_\_\_ [28]  
 Other credits and deductions #2 (Box 10) + \_\_\_\_\_ [30]

**Control Totals+**

**NOTES/QUESTIONS:**

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) \_\_\_\_\_ [1]  
 Mark to indicate all the elections that apply:  
 Mixed straddle election \_\_\_\_\_ [2]  
 Mixed straddle account election (Attach explanation) \_\_\_\_\_ [3]  
 \_\_\_\_\_  
 Straddle-by-straddle identification election \_\_\_\_\_ [4]  
 Net section 1256 contracts loss election \_\_\_\_\_ [5]

**Section 1256 Contracts Marked to Market**

Identification of Account A \_\_\_\_\_ [6]  
 Identification of Account B \_\_\_\_\_  
 Identification of Account C \_\_\_\_\_

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

**Gains and Losses From Straddles**

Description of Property A \_\_\_\_\_ [7]  
 Name of Contract \_\_\_\_\_  
 Component \_\_\_\_\_ Type \_\_\_\_\_  
 Description of Property B \_\_\_\_\_  
 Name of Contract \_\_\_\_\_  
 Component \_\_\_\_\_ Type \_\_\_\_\_  
 Description of Property C \_\_\_\_\_  
 Name of Contract \_\_\_\_\_  
 Component \_\_\_\_\_ Type \_\_\_\_\_  
 Description of Property D \_\_\_\_\_  
 Name of Contract \_\_\_\_\_  
 Component \_\_\_\_\_ Type \_\_\_\_\_

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

**Unrecognized Gain From Positions Held on Last Business Day**

Description of Property A \_\_\_\_\_ [8]  
 Description of Property B \_\_\_\_\_  
 Description of Property C \_\_\_\_\_

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

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

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]


	<b>Control Totals+</b>	
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### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]


	<b>Control Totals+</b>	
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### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]


	<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) \_\_\_\_\_ [1]

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

#### 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) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

#### 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 <b>(Box 5)</b>	+ _____ [22]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

#### 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

	[40]
	[41]
	[42]
	[43]
	[44]

**NOTES/QUESTIONS:**

**Traditional IRA**

	<b>Taxpayer</b>	<b>Spouse</b>
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]
	<b>Taxpayer</b>	<b>Spouse</b>
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]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**Roth IRA**

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

	<b>Taxpayer</b>	<b>Spouse</b>
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:**

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**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]

<b>Catch-up Contributions</b>
-------------------------------

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]

<b>Elective Deferrals</b>
---------------------------

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**

	2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16]    _____ [17]    _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	___
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	___
If other enter explanation:	_____ [24]	
_____		
_____		
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____		
_____		
Did you "materially participate" in this business? (Y, N)	_____ [26]	___
If not, number of hours you did significantly participate	_____ [28]	___
Mark if you began or acquired this business in 2016	_____ [30]	
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y, N)	_____ [31]	___
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	___
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	___
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	___
Medical insurance premiums paid by this activity	+ _____ [41]	
Long-term care premiums paid by this activity	+ _____ [45]	
Amount of wages received as a statutory employee	+ _____ [48]	

**Business Income**

	2016 Information	Prior Year Information
Gross receipts and sales	+ _____ [53]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	2016 Information	Prior Year Information
Beginning inventory	+ _____ [60]	
Purchases	+ _____ [62]	
Labor:		
_____	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:		
_____	+ _____ [68]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

**Control Totals+**



**Preparer use only**

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

<b>Preparer use only Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
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**

	2016 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ___ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

**Rent and Royalty Income**

Rents and royalties	2016 Information	Prior Year Information
_____ + _____	[34]	_____
_____		_____

**Rent and Royalty Expenses**

	2016 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[36]	[37]	_____
Auto + _____	[39]	[40]	_____
Travel + _____	[42]	[43]	_____
Cleaning and maintenance + _____	[45]	[46]	_____
Commissions: _____ + _____	[48]	[50]	_____
_____ + _____			_____
Insurance: _____ + _____	[51]	[53]	_____
_____ + _____			_____
Legal and professional fees + _____	[55]	[56]	_____
Management fees: _____ + _____	[58]	[60]	_____
_____ + _____			_____
Mortgage interest paid to banks, etc (Form 1098) _____ + _____	[61]	[63]	_____
_____ + _____			_____
Other mortgage interest + _____	[64]	[66]	_____
Qualified mortgage insurance premiums + _____	[67]	[68]	_____
Other interest: _____ + _____	[70]	[72]	_____
_____ + _____			_____
Repairs + _____	[73]	[74]	_____
Supplies + _____	[76]	[77]	_____
Taxes: _____ + _____	[79]	[81]	_____
_____ + _____			_____
Utilities + _____	[82]	[83]	_____
Depreciation + _____	[85]	[86]	_____
Depletion + _____	[88]	[89]	_____
Other expenses: _____ + _____	[91]		_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____

**Control Totals+**

**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	_____ [93]		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year <b>(Preparer use only)</b>	_____		
<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 <b>(Preparer use only)</b>	_____		
<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 <b>(Preparer use only)</b>	_____		

**Vacation Home Information**

	2016 Information	Prior Year Information
Number of days home was used personally	_____ [6]	
Number of days home was rented	_____ [8]	
Number of day home owned, if not 366	_____ [10]	
Carryover of disallowed operating expenses into 2016	+ _____ [20]	
Carryover of disallowed depreciation expenses into 2016	+ _____ [21]	

**Passive and Other Information**

Preparer use only Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [46]



Please provide all Forms 1099-K

**Preparer use only**

	2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [22]	
Long-term care premiums paid by this activity	+ _____ [26]	

**Schedule F Income**

Sales Code**	Income description	2016 Information	Prior Year Information
—	_____	+ _____ [36]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**\*\* Sales Codes**

<b>1 = Cash sales of items bought for resale</b>	<b>4 = Custom hire (machine work)</b>
<b>2 = Cash sales of items raised</b>	<b>5 = Other income</b>
<b>3 = Accrual sales</b>	

	2016 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [38]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [44]	
Total cooperative distributions you received	+ _____ [46]	
Taxable cooperative distributions you received	+ _____ [48]	

	2016 Total	2016 Taxable	Prior Year Information
Agricultural program payments			
_____ + _____		+ _____ [51]	
_____ + _____		+ _____	

	2016 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [53]	
Commodity credit loans reported under election:		
_____ + _____	+ _____ [55]	
_____ + _____	+ _____	
Total commodity credit loans forfeited	+ _____ [57]	
Taxable commodity credit loans forfeited	+ _____ [59]	

	2016 Total	2016 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2016			
_____ + _____		+ _____ [62]	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2017			_____ [64]
Crop insurance proceeds deferred from 2015		+ _____ [66]	

**Control Totals+**

**Preparer use only**

Description

	<b>2016 Information</b>	<b>Prior Year Information</b>
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

**Preparer use only**

Description \_\_\_\_\_

<b>Preparer use only Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
Operating	+	[13]	+	[14]
Short-term capital	+	[15]	+	[16]
Long-term capital	+	[17]	+	[18]
28% rate capital	+	[19]	+	[20]
Section 1231 loss	+	[21]	+	[22]
Ordinary business gain/loss	+	[23]	+	[24]
Section 179	+	[25]	+	[26]
Excess farm loss	+	[29]	+	[30]

**NOTES/QUESTIONS:**

**Preparer use only**

	2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	____ [2]	
Employer identification number	____ [3]	
Description	____ [4]	
State postal code	____ [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	____ [6]	

**Income Items**

	2016 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	+ _____ [16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____ [18]	
Taxable cooperative distributions you received	+ _____ [20]	

	2016 Total	2016 Taxable	Prior Year Information
Agricultural program payments:			
_____ + _____ [22]	_____ [23]	_____	
_____ + _____	+ _____	+ _____	
_____ + _____	+ _____	+ _____	

	2016 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	+ _____ [25]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [27]	
Taxable commodity credit loans forfeited	+ _____ [29]	

	2016 Total	2016 Taxable	Prior Year Information
Crop insurance proceeds you received in 2016			
_____ + _____ [31]	_____ [32]	_____	
_____ + _____	+ _____	+ _____	
_____ + _____	+ _____	+ _____	

	2016 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2017	____ [34]	____
Crop insurance proceeds deferred from 2015	+ _____ [36]	
Other income:		
_____	+ _____ [39]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Preparer use only**

Description \_\_\_\_\_

**2016 Information**

**Prior Year Information**

Car and truck expenses	+ _____ [6]
Chemicals	+ _____ [8]
Conservation expenses	+ _____ [10]
Carryover from prior years	+ _____ [12]
Custom hire (machine work)	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs	+ _____ [18]
Feed purchased	+ _____ [20]
Fertilizers and lime	+ _____ [22]
Freight and trucking	+ _____ [24]
Gasoline, fuel, and oil	+ _____ [26]
Insurance (Other than health):	
_____	+ _____ [28]
_____	+ _____
_____	+ _____
Mortgage interest (Paid to banks, etc.):	
_____	+ _____ [30]
_____	+ _____
_____	+ _____
Other interest	+ _____ [33]
Labor hired (Less employment credit)	+ _____ [35]
Pension and profit sharing	+ _____ [37]
Rent - vehicles, machinery, and equipment	+ _____ [39]
Rent - other	+ _____ [41]
Repairs and maintenance	+ _____ [43]
Seed and plants purchased	+ _____ [45]
Storage and warehousing	+ _____ [47]
Supplies purchased	+ _____ [49]
Taxes:	
_____	+ _____ [51]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Utilities	+ _____ [53]
Veterinary, breeding, and medicine	+ _____ [55]
Other expenses:	
_____	+ _____ [57]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Preproductive period expenses	+ _____ [59]


<b>Preparer use only</b>	<b>Carryovers</b>		<b>Regular</b>		<b>AMT</b>	
Operating	+		+ [68]	+		[69]
Short-term capital	+		[70]	+		[71]
Long-term capital	+		[72]	+		[73]
28% rate capital	+		[74]	+		[75]
Section 1231 loss	+		[76]	+		[77]
Ordinary business gain/loss	+		[78]	+		[79]
Section 179	+		[80]	+		[81]
Excess farm loss	+		[84]	+		[85]

**Control Totals+**

**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]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	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]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	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]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	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]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	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]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	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]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	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]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	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]

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

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

\_\_[1]

	2016 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	_____[7]	
Maximum value of account	_____[8]	_____
Account number or other designation	_____[10]	_____
Financial institution	_____[12]	
Address of financial institution	_____[13]	
City, state, zip code	_____[14] ____ [15] _____[16]	
Foreign country code/name	____ [17] _____[18]	
For addresses in Mexico, enter state	_____[20]	
Foreign province/county	_____[23]	
Foreign postal code	_____[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	__
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[27]	

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	_____	[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	_____	[29]
Last name or organization name of account holder/joint owner	_____	[30]
First name and middle initial of account holder/joint owner	_____ [31] ____ [32]	
Address and apartment	_____ [33] _____ [34]	
City, state, zip code	_____ [35] ____ [36] _____ [37]	
Foreign country code/name	____ [38] _____ [39]	
For addresses in Mexico, enter state	_____ [41]	
Foreign postal code	_____ [44]	
Number of joint owners (Not including taxpayer, if applicable)	_____ [45]	
Filer's title with this owner (If applicable)	_____ [46]	

**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
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;">                     _____                      _____                      _____                 </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**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) \_\_\_\_\_ [8]  
 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 \_\_\_\_\_ [8]  
 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>	+ _____ [8]	[ ]
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) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

**Contributions and Basis**

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	<b>2016 Information</b>	<b>Prior Year Information</b>
Amount contributed in current year	+ _____ [14]	_____ _____ _____
Basis of this account at 12/31/15	+ _____ [17]	
Value of this account at 12/31/16	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

**Payments from Qualified Education Programs**

	<b>2016 Information</b>	<b>Prior Year Information</b>
Gross distribution ( <b>Box 1</b> )	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings ( <b>Box 2</b> )	+ _____ [32]	
Basis ( <b>Box 3</b> )	+ _____ [34]	
Trustee-to-trustee rollover ( <b>Box 4</b> )	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
<b>Box 5 -</b>		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary ( <b>Box 6</b> )	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

**NOTES/QUESTIONS:**

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

[1] _____	+ _____ [2]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

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.)

[4] _____	+ _____ [5]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	

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.))

[7] _____	+ _____ [8]	_____ _____ _____ _____ _____ _____
_____	+ _____	

Prescription medicines and drugs:

[10] _____	+ _____ [11]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	

[13] Miles driven for medical items _____	_____ [14]	_____ _____ _____ _____ _____ _____
---	------------	--

**Schedule A - Tax Expenses**

T/S/J

2016 Information

Prior Year Information

State/local income taxes paid:

[18] _____	+ _____ [19]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

2015 state and local income taxes paid in 2016:

[21] _____	+ _____ [22]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	

Real estate taxes paid:

[24] _____	+ _____ [25]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	

Personal property taxes:

[27] _____	+ _____ [28]	_____ _____ _____ _____ _____ _____
_____	+ _____	

Other taxes, such as: foreign taxes and State disability taxes

[30] _____	+ _____ [31]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	

Sales tax paid on major purchases:

[36] _____	+ _____ [37]	_____ _____ _____ _____ _____ _____
_____	+ _____	

Sales tax paid on actual expenses:

[39] _____	+ _____ [40]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	

## Interest Expenses

T/S/J	2016 Interest Paid <sup>[2]</sup>	2016 Points Paid	Type*	2016 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

**\*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				
[4] _____	_____	_____	+	[5]
<b>Address</b>				
<b>City, state and zip code</b>				
_____	_____	_____	+	
<b>Address</b>				
<b>City, state and zip code</b>				

**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 \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2016 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 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**) + \_\_\_\_\_ [12]  
 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:	
[15] _____	+ _____ [16]
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+

**Control Totals+**

## Charitable Contributions

<b>T/S/J</b>		<b>2016 Information</b>	<b>Prior Year Information</b>
	Contributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to claim the contribution on your return.		
[2]	_____	+ _____ [3]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
[5]	Volunteer miles driven _____	_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	_____	+ _____ [9]	_____ _____ _____ _____ _____ _____
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	

## Miscellaneous Deductions

<b>T/S/J</b>		<b>2016 Information</b>	<b>Prior Year Information</b>
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11]	_____	+ _____ [12]	_____ _____ _____ _____ _____ _____ _____ _____ _____
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	Union dues:		
[14]	_____	+ _____ [15]	
	_____	+ _____	
[17]	Tax preparation fees _____	+ _____ [18]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[20]	_____	+ _____ [21]	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
[23]	Safe deposit box rental _____	+ _____ [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[26]	_____	+ _____ [27]	
	_____	+ _____	
	_____	+ _____	
	Other expenses, not subject to the 2% AGI limit:		
[30]	_____	+ _____ [31]	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
[33]	_____	+ _____ [34]	
	_____	+ _____	

**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+**

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2016 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8784	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

**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:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [45]	+ _____ [47]	_____
Rent	+ _____ [51]	+ _____ [52]	_____
Repairs & maintenance	+ _____ [54]	+ _____ [55]	_____
Utilities	+ _____ [57]	+ _____ [58]	_____
Other expenses, such as: Supplies & Security system	+ _____ [60]	+ _____ [61]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [63]	_____
Carryovers:			
Operating expenses		+ _____ [64]	_____
Casualty losses		+ _____ [65]	_____
Depreciation		+ _____ [67]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [68]	_____
Depreciation		+ _____ [72]	_____

**NOTES/QUESTIONS:**



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

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	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)	___ [60]	___	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	___ [68]	___	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	___ [76]	___	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	___ [84]	___	___ [86]	___	___ [88]	___	___ [90]	___

**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	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

**"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)    \_\_\_ [1]

--

**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.**

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/Exemption Type *	Full Year	Start Month	End Month
_____	_____	_____	_____	—	—	—	— [7]
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—

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

	2016 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)	_____ + _____ [12]	+ _____ [13]	
_____ + _____	+ _____		
Self-employed long-term care premiums: (Not entered elsewhere)	_____ + _____ [15]	+ _____ [16]	
_____ + _____	+ _____		

**NOTES/QUESTIONS:**

## ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

**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	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]		

Control Totals+

## ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

**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	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]		

Control Totals+

**NOTES/QUESTIONS:**

Please provide all Forms 5498-SA.

	<b>2016 Information</b>	<b>Prior Year Information</b>
Taxpayer/Spouse (T, S)	____ [1]	[ ]
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Indicate type of health or medical savings account:		
HSA	____ [6]	
Archer MSA	____ [7]	
MA (Medicare Advantage) MSA	____ [9]	
Total HSA/MSA contributions made		
for 2016 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [12]	
Number of months in qualified high deductible health plan in 2016	____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	____ [14]	
Total HSA/MSA contribution to be made for 2016	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2015 taken as constructive contributions for 2016	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

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

Amount of annual deductible	+ _____ [24]	[ ]
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

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

Was the high deductible health plan in effect for December 2016? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]	
Name of Trustee			[4]	
State postal code		__	[2]	
Gross distributions received <b>(Box 1)</b>	+	__	[7]	
Earnings on excess contributions <b>(Box 2)</b>	+	__	[9]	
Distribution code <b>(Box 3)</b>			__ [11]	
Fair Market Value on date of death <b>(Box 4)</b>	+	__	[12]	
<b>Box 5 -</b>				
HSA			__ [13]	
Archer MSA			__ [14]	
MA MSA			__ [15]	
All distributions were used to pay unreimbursed qualified medical expenses			__ [17]	__
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2016	+	__	[19]	
Withdrawal of excess contributions by the due date of the return	+	__	[21]	
Amount of distribution rolled over for 2016	+	__	[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	__	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/15	+	__	[27]	
For HSA accounts:				
Was the high deductible health plan coverage started in 2015 and in effect for the month of December 2015? (Y, N)			__ [29]	
Was the high deductible health plan coverage ended before 12/31/16? (Y, N)			__ [30]	

## 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		__	[39]	
Social security number of insured			[40]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+	__	[42]	
Accelerated death benefits paid <b>(Box 2)</b>	+	__	[44]	
<b>Check one (Box 3)</b>				
Per diem			__ [46]	
Reimbursed amount			__ [47]	
Qualified contract <b>(Box 4)</b>			__ [48]	
<b>Check, if applicable (Box 5)</b>				
Chronically ill			__ [49]	
Terminally ill			__ [50]	
Are there other individuals who received LTC payments during 2016? (Y, N)			__ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)			__ [53]	
Number of days during the long-term care period			__ [54]	
Cost incurred for qualified long-term care services during the long-term care period	+	__	[55]	

**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 \_\_\_\_\_

**Control Totals+**

**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 (T, 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]

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**NOTES/QUESTIONS:**

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:**



## Colorado Contributions

**Amount of charitable contributions you wish to make to:**

Nongame and Endangered Wildlife Fund	_____	[1]
Domestic Abuse Fund	_____	[2]
Homeless Prevention Activities Fund	_____	[3]
Western Slope Military Veterans Cemetery Fund	_____	[4]
Pet Overpopulation Fund	_____	[5]
Military Family Relief Fund	_____	[6]
Public Education Fund	_____	[7]
Round Up River Ranch Fund	_____	[8]
9Health Fair Fund	_____	[9]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund	_____	[10]
Colorado for Healthy Landscapes Fund	_____	[11]
Habitat for Humanity of Colorado Fund	_____	[12]
Special Olympics of Colorado	_____	[13]
Colorado Youth Corps Association Fund	_____	[14]
Colorado Healthy Rivers Fund	_____	[15]
Alzheimer's Association Fund	_____	[16]
Colorado Cancer Fund	_____	[17]
Make-A-Wish Foundation of Colorado Fund	_____	[18]
Unwanted Horse Fund	_____	[19]
Colorado Multiple Sclerosis Fund	_____	[20]

### Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Colorado**

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____[21]	_____[22]
Nonresident	_____[23]	_____[24]
Part-year resident	_____[25]	_____[26]
Military nonresident	_____[27]	_____[28]
Part-year residency dates:		
From	_____ [29]	_____ [30]
To	_____ [31]	_____ [32]

**NOTES/QUESTIONS:**