

**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]

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

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you</li> <li>3 = Other dependent</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> </ul> <p><b>***Month</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|

**Preparer - Enter on Screen Contact**

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

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

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

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact:  
    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

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 Note that electronic funds will be withdrawn only from the primary account listed below.**

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

Primary account:

Financial institution routing transit number \_\_\_\_\_ [2]

Name of financial institution \_\_\_\_\_ [3]

Your account number \_\_\_\_\_ [4]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_ [5]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_ [6]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_ [7]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [8] or Percent (xxx.xx) \_\_\_\_\_ [9]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [24]

Name of financial institution \_\_\_\_\_ [25]

Your account number \_\_\_\_\_ [26]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_ [27]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_ [28]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_ [29]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [10] or Percent (xxx.xx) \_\_\_\_\_ [11]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [30]

Name of financial institution \_\_\_\_\_ [31]

Your account number \_\_\_\_\_ [32]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_ [33]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_ [34]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_ [35]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [14] or Percent (xxx.xx) \_\_\_\_\_ [15]

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

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

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

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

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

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

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

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [16] or Percent (xxx.xx) \_\_\_\_\_ [17]

Owner's name (First Last) \_\_\_\_\_ [37] \_\_\_\_\_ [38]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [39] \_\_\_\_\_ [40]

Mark if the name listed above is a beneficiary \_\_ [41]

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [20] or Percent (xxx.xx) \_\_\_\_\_ [21]

Owner's name (First Last) \_\_\_\_\_ [42] \_\_\_\_\_ [43]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [44] \_\_\_\_\_ [45]

Mark if the name listed above is a beneficiary \_\_ [46]

**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 \_\_\_\_\_ [5]  
Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

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

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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	_____

## Wages and Salaries #1

Please provide all copies of Form W-2.

### 2016 Information

### Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries ( <b>Box 1</b> )	+	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	+	_____	[12]
Social security wages ( <b>Box 3</b> ) (If different than federal wages)	+	_____	[14]
Social security tax withheld ( <b>Box 4</b> )		+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (If different than federal wages)	+	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+	_____	[21]
SS tips ( <b>Box 7</b> )	+	_____	[23]
Allocated tips ( <b>Box 8</b> )		+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )		+ _____	[27]
<b>Box 13 -</b>			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code ( <b>Box 15</b> )		_____	[32]
State wages ( <b>Box 16</b> ) (If different than federal wages)	+	_____	[34]
State tax withheld ( <b>Box 17</b> )	+	_____	[36]
Local wages ( <b>Box 18</b> )	+	_____	[38]
Local tax withheld ( <b>Box 19</b> )		+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____		[43]

	<b>Control Totals+</b>	
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## Wages and Salaries #2

Please provide all copies of Form W-2.

### 2016 Information

### Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries ( <b>Box 1</b> )	+	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	+	_____	[12]
Social security wages ( <b>Box 3</b> ) (If different than federal wages)	+	_____	[14]
Social security tax withheld ( <b>Box 4</b> )		+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (If different than federal wages)	+	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+	_____	[21]
SS tips ( <b>Box 7</b> )	+	_____	[23]
Allocated tips ( <b>Box 8</b> )		+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )		+ _____	[27]
<b>Box 13 -</b>			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code ( <b>Box 15</b> )		_____	[32]
State wages ( <b>Box 16</b> ) (If different than federal wages)	+	_____	[34]
State tax withheld ( <b>Box 17</b> )	+	_____	[36]
Local wages ( <b>Box 18</b> )	+	_____	[38]
Local tax withheld ( <b>Box 19</b> )		+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____		[43]

	<b>Control Totals+</b>	
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## Interest Income

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

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

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

## Dividend Income

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

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

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

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

### Seller Financed Mortgage Interest Income

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

#### 2016 Information

#### Prior Year Information

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

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2016 + \_\_\_\_\_ [1]

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

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2016 + \_\_\_\_\_ [1]

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

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2016 + \_\_\_\_\_ [1]

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

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2016 + \_\_\_\_\_ [1]

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

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2016 + \_\_\_\_\_ [1]

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

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2016 + \_\_\_\_\_ [1]

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

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2016 + \_\_\_\_\_ [1]

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

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2016 + \_\_\_\_\_ [1]







**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:**

**Cancellation of Debt, Abandonment #1**

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

\_\_\_\_\_ [51]

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

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

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

**Form 1099-C Cancellation of Debt**

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

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

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

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

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

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

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

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

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

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

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

**Control Totals+**

**Cancellation of Debt, Abandonment #2**

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

\_\_\_\_\_ [51]

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

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

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

**Form 1099-C Cancellation of Debt**

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

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

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

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

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

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

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

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

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

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

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

**Control Totals+**

**NOTES/QUESTIONS:**



### Gambling Winnings #1

Please provide all copies of Form W-2G.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Mark if professional gambler \_\_\_\_\_ [9]  
 Gross winnings (Box 1) + \_\_\_\_\_ [11]  
 Date won (Box 2) \_\_\_\_\_ [13]  
 Type of wager (Box 3) \_\_\_\_\_ [15]  
 Federal withholding (Box 4) + \_\_\_\_\_ [17]  
 Transaction (Box 5) \_\_\_\_\_ [19]  
 Race (Box 6) \_\_\_\_\_ [21]  
 Identical wager winnings (Box 7) + \_\_\_\_\_ [23]  
 Cashier (Box 8) \_\_\_\_\_ [25]  
 Taxpayer identification number (Box 9) \_\_\_\_\_ [27]  
 Window (Box 10) \_\_\_\_\_ [28]  
 First ID (Box 11) \_\_\_\_\_ [30]  
 Second ID (Box 12) \_\_\_\_\_ [31]  
 Payer's state ID no. (Box 13) \_\_\_\_\_ [32]  
 State winnings (Box 14) + \_\_\_\_\_ [33]  
 State withholding (Box 15) + \_\_\_\_\_ [35]  
 Local winnings (Box 16) + \_\_\_\_\_ [37]  
 Local withholding (Box 17) + \_\_\_\_\_ [39]  
 Name of locality (Box 18) \_\_\_\_\_ [42]


Control Totals+

### Gambling Winnings #2

Please provide all copies of Form W-2G.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Mark if professional gambler \_\_\_\_\_ [9]  
 Gross winnings (Box 1) + \_\_\_\_\_ [11]  
 Date won (Box 2) \_\_\_\_\_ [13]  
 Type of wager (Box 3) \_\_\_\_\_ [15]  
 Federal withholding (Box 4) + \_\_\_\_\_ [17]  
 Transaction (Box 5) \_\_\_\_\_ [19]  
 Race (Box 6) \_\_\_\_\_ [21]  
 Identical wager winnings (Box 7) + \_\_\_\_\_ [23]  
 Cashier (Box 8) \_\_\_\_\_ [25]  
 Taxpayer identification number (Box 9) \_\_\_\_\_ [27]  
 Window (Box 10) \_\_\_\_\_ [28]  
 First ID (Box 11) \_\_\_\_\_ [30]  
 Second ID (Box 12) \_\_\_\_\_ [31]  
 Payer's state ID no. (Box 13) \_\_\_\_\_ [32]  
 State winnings (Box 14) + \_\_\_\_\_ [33]  
 State withholding (Box 15) + \_\_\_\_\_ [35]  
 Local winnings (Box 16) + \_\_\_\_\_ [37]  
 Local withholding (Box 17) + \_\_\_\_\_ [39]  
 Name of locality (Box 18) \_\_\_\_\_ [42]


Control Totals+

NOTES/QUESTIONS:

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

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[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>	
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**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]		
_____ [24]			
_____ [24]			
Enter an explanation if there was a change in determining your inventory:	_____ [25]		
_____ [25]			
_____ [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**

	2016 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	[5]
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]		_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____



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

	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

	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>				
Carryovers	Regular		AMT	
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]

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

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

### Form 6252 - Current Year Installment Sale

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

### Form 6252 - Related Party Installment Sale Information

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

### NOTES/QUESTIONS:

**Preparer use only**

	2016 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	

	<b>Control Totals+</b>	
--	------------------------	--

**Prior Year Installment Sale**

**Preparer use only**

	2016 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	

	<b>Control Totals+</b>	
--	------------------------	--

**NOTES/QUESTIONS:**



## Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [9]  
 State postal code \_\_\_\_\_ [10]  
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 \_\_\_\_\_ [15]  
 Mark if disposition is due to casualty or theft \_\_\_\_\_ [19]  
 Mark if disposition was to a related party \_\_\_\_\_ [21]

## Sale Information

Date acquired \_\_\_\_\_ [23]  
 Date sold \_\_\_\_\_ [24]  
 Gross sales price or insurance proceeds received + \_\_\_\_\_ [25]  
 Cost or other basis + \_\_\_\_\_ [26]  
 Commissions and other expenses of sale + \_\_\_\_\_ [27]  
 Depreciation allowed or allowable + \_\_\_\_\_ [28]

## Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + \_\_\_\_\_ [30]  
 Applicable percentage (if not 100%) (Section 1250) \_\_\_\_\_ [31]  
 Additional depreciation after 1969 (Section 1250) + \_\_\_\_\_ [32]  
 Soil, water and land clearing expenses (Section 1252) + \_\_\_\_\_ [33]  
 Applicable percentage (if not 100%) (Section 1252) \_\_\_\_\_ [34]  
 Intangible drilling and development costs (Section 1254) + \_\_\_\_\_ [35]  
 Applicable payments excluded from income under sec. 126 (Section 1255) + \_\_\_\_\_ [36]

## Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [37]  
 Total current year payments received + \_\_\_\_\_ [38]

## Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [39]  
 Address \_\_\_\_\_ [40]  
 State, City and Zip \_\_\_\_\_ [41] [42] [43]  
 Identifying number of related party \_\_\_\_\_ [44]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [45]  
 Enter date of second sale \_\_\_\_\_ [46]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [47]  
 Selling price of property sold by a related party + \_\_\_\_\_ [49]

## NOTES/QUESTIONS:

**Preparer use only**

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

**NOTES/QUESTIONS:**

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2016 Information	Prior Year Information
			+	
Address			[1]	
			+	
Address				
			+	
Address				

	2016 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	+	+	
	[3]	[4]	
	+	+	
Other adjustments:			
	+	+	
	[6]	[7]	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	

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]	_____ _____ _____
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**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

T/S/J		2016 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
	<small>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.</small>		
	<small>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.</small>		
[2]	_____	+ _____ [3]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
[5]	Volunteer miles driven _____	_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	_____	+ _____ [9]	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	
	_____	+ _____	

## Miscellaneous Deductions

T/S/J		2016 Information	Prior Year Information
	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]	
	_____	+ _____	

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

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

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

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

	2016 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2016, if not 12 _____	[7]	
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	[9]	
Principal paid in 2016 + _____	[11]	
Interest paid during 2016 + _____	[13]	
Points reported on Form 1098 for 2016 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/15 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/16 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/15 (or first day mortgage was outstanding) _____	[28]	
Home acquisition/improvement debt as of 12/31/16 (or last day mortgage was outstanding) _____	[30]	
Home equity debt as of 12/31/15 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/16 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2016 of grandfather debt + _____	[37]	
Average balance in 2016 of home acquisition/improvement debt + _____	[39]	
Average balance for 2016 all types of debt + _____	[41]	

**NOTES/QUESTIONS:**



**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [2]  
 Occupation in which expenses were incurred \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]

**Vehicle Questions**

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

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) \_\_\_\_\_ [5]  
 Was another vehicle available for personal use? (Y, N) \_\_\_\_\_ [7]  
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) \_\_\_\_\_ [9]

**2016 Information**

**Prior Year Information**

	—
	—

**Vehicle Information**

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[62]
	Description	_____	[63]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[109]
	Description	_____	[110]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[156]
	Description	_____	[157]
	Comments	_____	

**Vehicles Actual Expenses**

		Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	[20]	_____		[69]		[116]		[163]	
Business mileage	[24]	_____		[71]		[118]		[165]	
Average daily round trip commuting mileage	[26]	_____		[73]		[120]		[167]	
Total commuting mileage	[28]	_____		[75]		[122]		[169]	
Gasoline	[30]	+ _____		[77]		[124]		[171]	
Oil	[32]	+ _____		[79]		[126]		[173]	
Repairs	[34]	+ _____		[81]		[128]		[175]	
Maintenance	[36]	+ _____		[83]		[130]		[177]	
Tires	[38]	+ _____		[85]		[132]		[179]	
Car washes	[40]	+ _____		[87]		[134]		[181]	
Insurance	[42]	+ _____		[89]		[136]		[183]	
Interest	[44]	+ _____		[91]		[138]		[185]	
Registration	[46]	+ _____		[93]		[140]		[187]	
Licenses	[48]	+ _____		[95]		[142]		[189]	
Property taxes (Plates, tags, etc)	[50]	_____		[97]		[144]		[191]	
Vehicle rentals	[52]	+ _____		[99]		[146]		[193]	
Inclusion amt (Preparer only)	[54]	_____		[101]		[148]		[195]	
Other vehicle expenses	[56]	+ _____		[103]		[150]		[197]	
Value of employer provided vehicle	[58]	+ _____		[105]		[152]		[199]	
Depreciation	[60]	+ _____		[107]		[154]		[201]	

**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+**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Other Information for Donated Property**

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

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

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

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

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

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

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

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

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

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

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

**NOTES/QUESTIONS:**

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [7]

**Casualty and Theft - Business/Income Producing Properties**

Description of casualty or theft - Property A \_\_\_\_\_ [10]  
 Description of casualty or theft - Property B \_\_\_\_\_ [23]  
 Description of casualty or theft - Property C \_\_\_\_\_ [36]  
 Description of casualty or theft - Property D \_\_\_\_\_ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [13]	___ [26]	___ [39]	___ [52]
Date acquired	___ [17]	___ [30]	___ [43]	___ [56]
Cost or other basis of property	+ ___ [18]	+ ___ [31]	+ ___ [44]	+ ___ [57]
Insurance or other reimbursement	+ ___ [19]	+ ___ [32]	+ ___ [45]	+ ___ [58]
Fair market value before casualty	+ ___ [20]	+ ___ [33]	+ ___ [46]	+ ___ [59]
Fair market value after casualty	+ ___ [21]	+ ___ [34]	+ ___ [47]	+ ___ [60]

**Business/Income Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [61]  
 Description of replacement property B \_\_\_\_\_ [65]  
 Description of replacement property C \_\_\_\_\_ [69]  
 Description of replacement property D \_\_\_\_\_ [73]

	A	B	C	D
Mark if property was acquired from a related party	___ [62]	___ [66]	___ [70]	___ [74]
Date acquired	___ [63]	___ [67]	___ [71]	___ [75]
Cost of replacement property	+ ___ [64]	+ ___ [68]	+ ___ [72]	+ ___ [76]

**NOTES/QUESTIONS:**

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [8]

**Casualty and Theft - Personal Use Properties**

Description of casualty or theft - Property A \_\_\_\_\_ [17]  
 Description of casualty or theft - Property B \_\_\_\_\_ [29]  
 Description of casualty or theft - Property C \_\_\_\_\_ [41]  
 Description of casualty or theft - Property D \_\_\_\_\_ [52]

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Date acquired	_____ [23]	_____ [35]	_____ [47]	_____ [58]
Cost or other basis of property	+ _____ [24]	+ _____ [36]	+ _____ [48]	+ _____ [59]
Insurance or other reimbursement	+ _____ [25]	+ _____ [37]	+ _____ [49]	+ _____ [60]
Fair market value before casualty	+ _____ [27]	+ _____ [39]	+ _____ [50]	+ _____ [61]
Fair market value after casualty	+ _____ [28]	+ _____ [40]	+ _____ [51]	+ _____ [62]

**Personal Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [63]  
 Description of replacement property B \_\_\_\_\_ [67]  
 Description of replacement property C \_\_\_\_\_ [71]  
 Description of replacement property D \_\_\_\_\_ [75]

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Mark if property was acquired from a related party	_____ [64]	_____ [68]	_____ [72]	_____ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

**NOTES/QUESTIONS:**



**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:**

"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.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type\*, Full Year, Start Month, End Month. Includes a grid for data entry and a [7] indicator.

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

Table with columns: 2016 Information (Taxpayer, Spouse), Prior Year Information. Rows for Self-employed health insurance premiums and Self-employed long-term care premiums with [12], [13], [15], [16] indicators.

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.

	2016 Information	Prior Year Information
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:**

### ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__	[1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Recipient's Social Security Number	_____	[7]	
Recipient's Name	_____ [8]	[9]	
Gross distribution (Form 1099-QA Box 1)	+ _____	[10]	
Earnings (Form 1099-QA Box 2)	+ _____	[12]	
Basis (Form 1099-QA Box 3)	+ _____	[14]	
Program-to-program transfer (Form 1099-QA Box 4)	_____	[16]	
Check if ABLE account terminated in 2016 (Form 1099-QA Box 5)	_____	[17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	[18]	
Qualified disability expenses	+ _____	[19]	
Amount of rollover	+ _____	[21]	
Amount contributed in 2016 (Form 5498-QA Box 1)	+ _____	[23]	
Value of account on 12/31/16 (Form 5498-QA Box 4)	+ _____	[25]	

	<b>Control Totals+</b>	
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### ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__	[1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Recipient's Social Security Number	_____	[7]	
Recipient's Name	_____ [8]	[9]	
Gross distribution (Form 1099-QA Box 1)	+ _____	[10]	
Earnings (Form 1099-QA Box 2)	+ _____	[12]	
Basis (Form 1099-QA Box 3)	+ _____	[14]	
Program-to-program transfer (Form 1099-QA Box 4)	_____	[16]	
Check if ABLE account terminated in 2016 (Form 1099-QA Box 5)	_____	[17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	[18]	
Qualified disability expenses	+ _____	[19]	
Amount of rollover	+ _____	[21]	
Amount contributed in 2016 (Form 5498-QA Box 1)	+ _____	[23]	
Value of account on 12/31/16 (Form 5498-QA Box 4)	+ _____	[25]	

	<b>Control Totals+</b>	
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**NOTES/QUESTIONS:**

### Social Security Tax on Unreported Tips

**Complete if you received cash/charge tips of \$20 or less in a month in 2016.**

	2016 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #cccccc;"></div>

**Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.**

	Employer identification number	Total tips received in 2016	Total tips reported in 2016
Taxpayer information [1]	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Spouse information [2]	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### Social Security Tax on Unreported Wages

**Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.**

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

	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	—	_____	—	_____
	_____	—	_____	—	_____
	_____	—	_____	—	_____
	_____	—	_____	—	_____
Spouse information [7]	_____	—	_____	—	_____
	_____	—	_____	—	_____
	_____	—	_____	—	_____
	_____	—	_____	—	_____

**\*\* Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.  
 C = I received other correspondence from the IRS that states I am an employee.  
 G = I filed Form SS-8 with the IRS and have not received a reply.  
 H = I received a Form W-2 and a Form 1099-MISC from this firm for 2016. The amount on Form 1099-MISC should have been included as wages on Form W-2.





Enter parent's information for children under age 19 on 1/1/17 or a full-time student under age 24 with unearned income of more than \$2,100.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) \_\_\_\_\_ [2]

Parent's first name \_\_\_\_\_ [3]

Parent's last name \_\_\_\_\_ [4]

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [5]

### All Other Children's Information

Enter information for each child with unearned income of more than \$2,100.

Preparer - Enter on Screen 8615Sib

Child #1 social security number \_\_\_\_\_ [1] Child #2 social security number \_\_\_\_\_ [1]

Child #1 first name \_\_\_\_\_ [2] Child #2 first name \_\_\_\_\_ [2]

Child #1 last name \_\_\_\_\_ [3] Child #2 last name \_\_\_\_\_ [3]

Child #1 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #2 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #3 social security number \_\_\_\_\_ [1] Child #4 social security number \_\_\_\_\_ [1]

Child #3 first name \_\_\_\_\_ [2] Child #4 first name \_\_\_\_\_ [2]

Child #3 last name \_\_\_\_\_ [3] Child #4 last name \_\_\_\_\_ [3]

Child #3 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #4 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #5 social security number \_\_\_\_\_ [1] Child #6 social security number \_\_\_\_\_ [1]

Child #5 first name \_\_\_\_\_ [2] Child #6 first name \_\_\_\_\_ [2]

Child #5 last name \_\_\_\_\_ [3] Child #6 last name \_\_\_\_\_ [3]

Child #5 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #6 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #7 social security number \_\_\_\_\_ [1] Child #8 social security number \_\_\_\_\_ [1]

Child #7 first name \_\_\_\_\_ [2] Child #8 first name \_\_\_\_\_ [2]

Child #7 last name \_\_\_\_\_ [3] Child #8 last name \_\_\_\_\_ [3]

Child #7 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #8 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #9 social security number \_\_\_\_\_ [1] Child #10 social security number \_\_\_\_\_ [1]

Child #9 first name \_\_\_\_\_ [2] Child #10 first name \_\_\_\_\_ [2]

Child #9 last name \_\_\_\_\_ [3] Child #10 last name \_\_\_\_\_ [3]

Child #9 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #10 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #11 social security number \_\_\_\_\_ [1] Child #12 social security number \_\_\_\_\_ [1]

Child #11 first name \_\_\_\_\_ [2] Child #12 first name \_\_\_\_\_ [2]

Child #11 last name \_\_\_\_\_ [3] Child #12 last name \_\_\_\_\_ [3]

Child #11 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #12 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

### NOTES/QUESTIONS:

### Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.  
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number \_\_\_\_\_ [1]  
 Child's date of birth \_\_\_\_\_ [2]  
 Child's name \_\_\_\_\_ [4]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
—	_____	+	_____	_____	_____	_____	_____ _____ _____ _____ _____ _____
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

<b>**Interest Codes</b>
Blank = Regular Interest   3 = Nominee Distribution   4 = Accrued Interest   5 = OID Adjustment   6 = ABP Adjustment

### Children's Dividend Income

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

Type Code (** See codes below)	Ordinary <sup>[8]</sup> Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
<b>1</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>2</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>3</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>4</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>5</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>6</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	

<b>**Dividend Codes</b>
Blank = Other                      3 = Nominee

	2016 Information <sup>[10]</sup>	Prior Year Information
Alaska Permanent Fund dividends:	+ _____	_____
_____	+ _____	_____

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

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

### Federal Unemployment (FUTA) Tax

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

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

### NOTES/QUESTIONS:

**You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, and the home is no longer used as your main residence, you may have to repay the credit.**

Principal residence address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_ [1]

City/State/Zip code \_\_\_\_\_ [2] \_\_\_\_ [3] \_\_\_\_\_ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) \_\_\_\_\_ [5]

Purchase price of the home \_\_\_\_\_ [6]

Date the home was sold or ceased being used as principal residence \_\_\_\_\_ [13]

If you sold your home, enter the selling price \_\_\_\_\_ [14]

If you sold your home, enter the expense of sale \_\_\_\_\_ [15]

Were you and your spouse married on the purchase date? (Y, N) \_\_\_\_ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,  
enter his or her full name \_\_\_\_\_ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name \_\_\_\_\_ [22]

Allocation percentage \_\_\_\_\_

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**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+**

**Credit For The Elderly or Disabled**

Please complete if you were age 65 or older at the end of 2016, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2016	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2016	+ _____ [9]	+ _____ [10]

**NOTES/QUESTIONS:**

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:**



**Complete this form if you paid qualified adoption expenses in 2016. Indicate if the adoption was final in or before 2016. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.**

	<b>Child 1 [1]</b>	<b>Child 2</b>	<b>Child 3</b>
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '99 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2015 for this child	_____	_____	_____
Employer-provided benefits received in 2015 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2016 for this child	_____	_____	_____
Employer-provided benefits received in 2016 for this child	_____	_____	_____
Adoption final in (1 = '16, 2 = Pre '16)	_____	_____	_____

	<b>Child 4</b>	<b>Child 5</b>	<b>Child 6</b>
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '99 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2015 for this child	_____	_____	_____
Employer-provided benefits received in 2015 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2016 for this child	_____	_____	_____
Employer-provided benefits received in 2016 for this child	_____	_____	_____
Adoption final in (1 = '16, 2 = Pre '16)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

\_\_\_\_\_ [9]  
 \_\_\_\_\_ [10]  
 \_\_\_\_\_ [11]

**NOTES/QUESTIONS:**