

***** Leave Answer Blank If Unsure *****

Personal Information	Yes	No
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
What is your current email address? _____		
Did you change any bank accounts that have been used to direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
 Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 24 with unearned income (i.e. interest income) in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
 Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership, S-corporation or LLC?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
 Income Information		
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any <i>withdrawals</i> from or <i>contributions</i> to an IRA, Keogh, SIMPLE, or SEP account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings/529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
 Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses or make any student loan interest payments during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
 Health Care Information		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long -term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you incur moving costs because of a job change?
- Did you receive correspondence from any state's Department of Revenue or the Internal Revenue Service?
- Do we need to file a city, county or local return?
- Did you purchase any new equipment for any of your businesses?
- Did you have any child care expenses?
- Do you have the required records for business travel, entertainment, gift and listed property deductions?

- Did you utilize an area of your home for business purposes?
- Did you make energy efficient improvements to your main home this year?
- Did you make any payments > \$600 to any unincorporated businesses that required the filing of 1099's?**
- If yes, did you:**
- 1. file the required forms**
- 2. discuss penalties w/ client**
- Would you like us to email you a copy of your tax return?**

(This would be in addition to providing you with a paper copy, unless otherwise requested.)

Form ID: 1040 **Personal Information** **1**

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

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	Blank 1040 [8]	Blank 1040 [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) <u>2</u> [12]	_____ [14]	_____ [15]
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) <u>Y</u> [17]	_____ [20]	_____ [21]
Mark if legally blind	_____ [22]	_____ [24]
Date of birth	_____ [26]	_____ [27]
Date of death	_____ [28]	_____ [29]
Work/daytime telephone number/ext number	_____ [30]	_____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N) <u>Y</u> [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 ^{49]}	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

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

Dependent Codes

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
***Month	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
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 **Bank:** _____ [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
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A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

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

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

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

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

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

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

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

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

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:

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 (**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	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	+					

**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	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 +										

**Dividend Codes	
Blank = Other	3 = Nominee

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	2016 Information	Prior Year Information	
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border: 1px solid black; height: 100%;"></div>	
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]			
Enter an explanation if there was a change in determining your inventory:	_____ [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]	<div style="border: 1px solid black; height: 100%;"></div>
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2016 Information	Prior Year Information
Beginning inventory	+ _____ [60]	<div style="border: 1px solid black; height: 100%;"></div>
Purchases	+ _____ [62]	
Labor:	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:	+ _____ [68]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

Schedule C - Expenses

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Principal business or profession : _____

	2016 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	1
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		_____
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		_____
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)		_____
_____	+ _____ [22]	_____
_____	+ _____	_____
_____	+ _____	_____
Other:		_____
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [29]	_____
Pension and profit sharing:		_____
_____	+ _____ [31]	_____
_____	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment	+ _____ [33]	_____
Other business property	+ _____ [35]	_____
Repairs and maintenance	+ _____ [37]	_____
Supplies	+ _____ [39]	_____
Taxes and licenses:		_____
_____	+ _____ [41]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		_____
Travel	+ _____ [43]	_____
Meals and entertainment	+ _____ [45]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]	_____
Utilities	+ _____ [51]	_____
Wages (Less employment credit):		_____
_____	+ _____ [53]	_____
_____	+ _____	_____
Other expenses:		_____
_____	+ _____ [55]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

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	2016 Information	Prior Year Information
Description : _____ [2]		<div style="border: 1px solid black; height: 100%;"></div>
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

	2016 Information	Prior Year Information
Rents and royalties		
_____ + _____ [34]		<div style="border: 1px solid black; height: 100%;"></div>

Rent and Royalty Expenses

	2016 Information	Percent if not 100%	Prior Year Information
Advertising + _____ [36]	_____ [37]		<div style="border: 1px solid black; height: 100%; text-align: center; font-size: 2em; font-weight: bold; margin-top: 10px;">1</div>
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]	_____		
_____ + _____			
_____ + _____			
_____ + _____			

Please provide all Forms 1099-K

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	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	_____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	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	_____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2017	_____ [64]	_____	_____
Crop insurance proceeds deferred from 2015	_____	+ _____ [66]	_____

Farm Expenses

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Description _____ :

	2016 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	1
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]	

1 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]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

1 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]	

Preparer use only 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]

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]

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

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

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

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

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

Please provide all copies of 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) (Box 1)	+ _____ [8]	
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2016 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2017 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2016</small>		

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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	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]	
—	_____	+ _____	
—	_____	+ _____	

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

Miscellaneous Deductions

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

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

Vehicle Information

Vehicle 1 -	Date placed in service	<u>01/01/15</u> [11]
	Description	<u>Vehicle (for taking mileage)</u> [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]		1	[69]		[116]		[163]	
Business mileage [24]		1	[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]	

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

C **1** Preparer use only

Description of business or profession : _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	<u>01/01/15</u> [4]
	Description	<u>Vehicle (for taking mileage)</u> [5]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [9]
	Description	_____ [10]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [14]
	Description	_____ [15]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [19]
	Description	_____ [20]
	Comments	_____

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	<u>N</u> [60]	<u>N</u>	_ [62]	_	_ [64]	_	_ [66]	_
Was another vehicle available for personal use? (Y, N)	<u>N</u> [68]	<u>N</u>	_ [70]	_	_ [72]	_	_ [74]	_
Do you have evidence to support your deduction? (Y, N)	<u>Y</u> [76]	<u>Y</u>	_ [78]	_	_ [80]	_	_ [82]	_
Is this evidence written? (Y, N)	<u>N</u> [84]	<u>N</u>	_ [86]	_	_ [88]	_	_ [90]	_

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<u>1</u>	_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]	<u>1</u>	_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

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

E **1** **Preparer use only**

Description of business or profession : _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	<u>01/01/15</u> [4]
	Description	<u>Vehicle (for taking mileage)</u> [5]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [9]
	Description	_____ [10]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [14]
	Description	_____ [15]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [19]
	Description	_____ [20]
	Comments	_____

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	<u>N</u> [60]	<u>N</u>	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	<u>N</u> [68]	<u>N</u>	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	<u>Y</u> [76]	<u>Y</u>	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	<u>N</u> [84]	<u>N</u>	___ [86]	___	___ [88]	___	___ [90]	___

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<u>1</u>	_____ [34]	_____	_____ [36]	_____	_____ [38]	_____
Commuting miles	_____ [42]	_____	_____ [44]	_____	_____ [46]	_____	_____ [48]	_____
Business miles	_____ [52]	<u>1</u>	_____ [54]	_____	_____ [56]	_____	_____ [58]	_____
Parking fees	+ _____ [92]	_____	+ _____ [94]	_____	+ _____ [96]	_____	+ _____ [98]	_____
Tolls	+ _____ [100]	_____	+ _____ [102]	_____	+ _____ [104]	_____	+ _____ [106]	_____
Gasoline	+ _____ [108]	_____	+ _____ [110]	_____	+ _____ [112]	_____	+ _____ [114]	_____
Oil	+ _____ [116]	_____	+ _____ [118]	_____	+ _____ [120]	_____	+ _____ [122]	_____
Repairs	+ _____ [124]	_____	+ _____ [126]	_____	+ _____ [128]	_____	+ _____ [130]	_____
Maintenance	+ _____ [132]	_____	+ _____ [134]	_____	+ _____ [136]	_____	+ _____ [138]	_____
Tires	+ _____ [140]	_____	+ _____ [142]	_____	+ _____ [144]	_____	+ _____ [146]	_____
Car washes	+ _____ [148]	_____	+ _____ [150]	_____	+ _____ [152]	_____	+ _____ [154]	_____
Insurance	+ _____ [156]	_____	+ _____ [158]	_____	+ _____ [160]	_____	+ _____ [162]	_____
Interest	+ _____ [164]	_____	+ _____ [166]	_____	+ _____ [168]	_____	+ _____ [170]	_____
Registration	+ _____ [172]	_____	+ _____ [174]	_____	+ _____ [176]	_____	+ _____ [178]	_____
Licenses	+ _____ [180]	_____	+ _____ [182]	_____	+ _____ [184]	_____	+ _____ [186]	_____
Property taxes	+ _____ [188]	_____	+ _____ [190]	_____	+ _____ [192]	_____	+ _____ [194]	_____
Other vehicle expenses	+ _____ [196]	_____	+ _____ [198]	_____	+ _____ [200]	_____	+ _____ [202]	_____
Vehicle rentals	+ _____ [204]	_____	+ _____ [206]	_____	+ _____ [208]	_____	+ _____ [210]	_____
Inclusion amt (Preparer only)	_____ [212]	_____	+ _____ [214]	_____	+ _____ [216]	_____	+ _____ [218]	_____
Depreciation	+ _____ [220]	_____	+ _____ [222]	_____	+ _____ [224]	_____	+ _____ [226]	_____

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

F **1** **Preparer use only**

Description of business or profession : _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	<u>01/01/15</u> [4]
	Description	<u>Vehicle (for taking mileage)</u> [5]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [9]
	Description	_____ [10]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [14]
	Description	_____ [15]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [19]
	Description	_____ [20]
	Comments	_____

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	<u>N</u> [60]	<u>N</u>	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	<u>N</u> [68]	<u>N</u>	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	<u>Y</u> [76]	<u>Y</u>	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	<u>N</u> [84]	<u>N</u>	___ [86]	___	___ [88]	___	___ [90]	___

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<u>1</u>	_____ [34]	_____	_____ [36]	_____	_____ [38]	_____
Commuting miles	_____ [42]	_____	_____ [44]	_____	_____ [46]	_____	_____ [48]	_____
Business miles	_____ [52]	<u>1</u>	_____ [54]	_____	_____ [56]	_____	_____ [58]	_____
Parking fees	+ _____ [92]	_____	+ _____ [94]	_____	+ _____ [96]	_____	+ _____ [98]	_____
Tolls	+ _____ [100]	_____	+ _____ [102]	_____	+ _____ [104]	_____	+ _____ [106]	_____
Gasoline	+ _____ [108]	_____	+ _____ [110]	_____	+ _____ [112]	_____	+ _____ [114]	_____
Oil	+ _____ [116]	_____	+ _____ [118]	_____	+ _____ [120]	_____	+ _____ [122]	_____
Repairs	+ _____ [124]	_____	+ _____ [126]	_____	+ _____ [128]	_____	+ _____ [130]	_____
Maintenance	+ _____ [132]	_____	+ _____ [134]	_____	+ _____ [136]	_____	+ _____ [138]	_____
Tires	+ _____ [140]	_____	+ _____ [142]	_____	+ _____ [144]	_____	+ _____ [146]	_____
Car washes	+ _____ [148]	_____	+ _____ [150]	_____	+ _____ [152]	_____	+ _____ [154]	_____
Insurance	+ _____ [156]	_____	+ _____ [158]	_____	+ _____ [160]	_____	+ _____ [162]	_____
Interest	+ _____ [164]	_____	+ _____ [166]	_____	+ _____ [168]	_____	+ _____ [170]	_____
Registration	+ _____ [172]	_____	+ _____ [174]	_____	+ _____ [176]	_____	+ _____ [178]	_____
Licenses	+ _____ [180]	_____	+ _____ [182]	_____	+ _____ [184]	_____	+ _____ [186]	_____
Property taxes	+ _____ [188]	_____	+ _____ [190]	_____	+ _____ [192]	_____	+ _____ [194]	_____
Other vehicle expenses	+ _____ [196]	_____	+ _____ [198]	_____	+ _____ [200]	_____	+ _____ [202]	_____
Vehicle rentals	+ _____ [204]	_____	+ _____ [206]	_____	+ _____ [208]	_____	+ _____ [210]	_____
Inclusion amt (Preparer only)	_____ [212]	_____	+ _____ [214]	_____	+ _____ [216]	_____	+ _____ [218]	_____
Depreciation	+ _____ [220]	_____	+ _____ [222]	_____	+ _____ [224]	_____	+ _____ [226]	_____

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

2016 Information Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) **Y** [1]

Y

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

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/Exemption Type *	Full Year	Start Month	End Month

***Other Exemption Type Codes**

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

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

NOTES/QUESTIONS:

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 _____

Prior C/O Year	Net Operating Loss	AMT NOL
1998	+ _____ [1]	+ _____ [19]
1999	+ _____ [2]	+ _____ [20]
2000	+ _____ [3]	+ _____ [21]
2001	+ _____ [4]	+ _____ [22]
2002	+ _____ [5]	+ _____ [23]
2003	+ _____ [6]	+ _____ [24]
2004	+ _____ [7]	+ _____ [25]
2005	+ _____ [8]	+ _____ [26]
2006	+ _____ [9]	+ _____ [27]
2007	+ _____ [10]	+ _____ [28]
2008	+ _____ [11]	+ _____ [29]
2009	+ _____ [12]	+ _____ [30]
2010	+ _____ [13]	+ _____ [31]
2011	+ _____ [14]	+ _____ [32]
2012	+ _____ [15]	+ _____ [33]
2013	+ _____ [16]	+ _____ [34]
2014	+ _____ [17]	+ _____ [35]
2015	+ _____ 3 [18]	+ _____ 3 [36]

NOTES/QUESTIONS:

C **1** Preparer use only

Activity name _____ :

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

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

E 1 Preparer use only

Activity name _____ :

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

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

F **1** Preparer use only

Activity name _____ :

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

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

2106 | **1** | Preparer use only

Activity name _____ :

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

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

4835 | **1** Preparer use only

Activity name _____ :

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

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2016 Model T - (EXAMPLE ASSET)	03/09/16	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
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5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
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