



**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	2015 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income**

1099-MISC Payer Name
_____
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
<b>Retirement Plan Contributions</b>		
Traditional IRA contributions made for 2016 .....	_____	_____
Roth IRA contributions made for 2016 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

## 2016 Deductions

<b>Medical and Dental Expenses</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Prescription medications.....		
Health insurance premiums .....		
Doctors, dentists, etc .....		
Hospitals, clinics, etc .....		
Eyeglasses and contact lenses .....		
Miles driven for medical purposes.....		
Other medical and dental expenses: _____		
<b>Taxes</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Real estate taxes paid on principal residence .....		
Real estate taxes paid on additional homes or land .....		
Auto license registration fees based on the value of the vehicle .....		
Other personal property taxes .....		
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098. <b>Lender's Name</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Points paid on loan to buy, build or improve main home <b>Lender's Name</b>	<b>2016 Amount</b>	
<b>Cash/Check/Credit Contributions</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Union and professional dues .....		
Professional subscriptions, books, supplies .....		
Uniforms and protective clothing (including cleaning) .....		
Job search costs .....		
Taxpayer educator expenses .....		
Spouse educator expenses .....		
Tax return preparation fees .....		
Safe deposit box rental .....		
Gambling losses (to the extent of gambling income) .....		
Other expenses (list): _____		

**2016 Questions**

	<b>Yes</b>	<b>No</b>
1 Did a lender cancel any of your debt in 2016? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? If <b>yes</b> , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2016 ?..... If <b>yes</b> , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2016? If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2016? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2016 ? ..... % State ID .....		
7 Did your marital status change during 2016?..... If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or your spouse permanently and totally disabled in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2016 ? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?.....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2016 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer?..... If <b>yes</b> , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2017 to be the same as 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
25a Did you and your dependents have health insurance coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence..... <b>Taxpayer</b> _____ <b>Spouse</b> _____		

**Electronic Filing and Direct Deposit of Refund** **Yes**  **No**

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
If you receive a refund, would you like direct deposit? .....

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.  
What type of account is this?..... Checking  Savings

**Estimated Tax Paid**

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (\*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

**Minimum Essential Coverage** includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

**Exemptions** may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at [www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions](http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions) or [www.healthcare.gov/exemptions](http://www.healthcare.gov/exemptions). Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2016 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2016 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2016. The national average bronze plan amount is \$225 per month and limited to \$1,115 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2016 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2016 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2015 information is included for your reference. You do not need to make any 2015 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2015 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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E-mail: CAMILLIA@CGCPANM.COM

## Topic Index

**ORG2**

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**General Questions**

**ORG3**

**PERSONAL INFORMATION**

	Yes	No
1 Did your marital status change during 2016? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Designee's Name ..... ▶ Phone Number ..... ▶		
3 Do you or your spouse plan to retire in 2017? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2016 or 2017 ): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>

**DEPENDENT INFORMATION**

	Yes	No
7 a Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>

**IRA, PENSION AND EDUCATION SAVINGS PLANS**

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>

**ITEMS RELATED TO INCOME/LOSSES**

	Yes	No
16 Did you receive any disability payments in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2016? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR YEAR TAX RETURNS**

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>



**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2016 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 a At any time during 2016, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2016 ? Report all interest income on Org 11 .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2016, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 27 a Did you and your dependents have health care coverage for the full year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 a Did you or your spouse have self-employed health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016 ? If <b>yes</b> , please attach details ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2016 ? If <b>yes</b> , please attach details .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2016 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , attach documentation showing sales tax paid.  |                          |                          |
| 34 Did you purchase an energy efficient vehicle in 2016 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter year, make, model, and date purchased: _____  |                          |                          |
| 35 Did you donate a vehicle in 2016 ? If yes, attach Form 1098C .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2016 ? _____ % State ID .....  |                          |                          |
| 37 Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach details.  |                          |                          |
| 40 Did you or your spouse participate in a medical savings account in 2016 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)  |                          |                          |
| 41 Did you make a loan at an interest rate below market rate? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2016 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2016 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2016 ? (Attach any Forms 1099-A or 1099-C) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach information.  |                          |                          |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

- 49 If **yes**, please provide the following information:
- a Name of your financial institution .....
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....
- c Account number .....
- d What type of account is this? .....
- Checking  Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

**Business/Investment Questions**

**ORG4**

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2016? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Do you have records, as described below, to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient.		
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
_____		
_____		
_____		
_____		
<b>14</b> Was Form 8903 (Domestic Production Activities Deduction) included in your 2015 federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

TAXPAYER

SPOUSE

Last name.....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... _____ Suffix .....	MI ..... _____ Suffix .....
Social security number .....	_____	_____
Occupation.....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state .....	_____	_____
License /Id number.....	_____	_____
License/Id issue date .....	_____	_____
License/Id expiration date.....	_____	_____
Birthdate .....	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street address.....	_____	Apartment number .....	_____
City.....	_____	State.....	_____
Home phone.....	_____	Foreign country .....	_____
Fax.....	_____	Foreign phone .....	_____
		ZIP code.....	_____

FILING STATUS

**1** Single

**2** Married filing jointly

**3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year .....

Check this box if you are eligible to claim spouse's exemption .....

Check this box if your spouse itemizes deductions.....

**4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

**5** Qualifying widow(er)

Check the box for the year the spouse died ..... 2014  2015

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2016 Child Care Expense
	Relationship	+Months in U.S.	*Not Citizen	2015 Child Care Expense
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

\*\* For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien

# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

**Attach all copies of your Form 1099-INTs here.**

**\*\*Type of Interest**  
 blank = Regular taxable interest  
 ME1 = ME bond interest in federal income  
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest  
 NH1 = NH nontaxable interest — taxable federal  
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest  
 TN1 = TN nontaxable interest — taxable federal  
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2016 Box 1 Interest	Type of Interest**	2016 Box 3 US/Treasury Interest	2016 Box 8 Tax Exempt	State	2015 Box 1 + 3

X\* Check if you did not receive income from this account in 2016 .

## DIVIDEND INCOME

**Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2016 Box 1a Ordinary Dividends	2016 Box 1b Qualified Dividends	2016 Box 2a Capital Gains	State	2015 Box 1a + 2a

X\* Check if you did not receive income from this account in 2016 .

## Medical and Tax Expenses

**ORG13**

<b>MEDICAL AND DENTAL EXPENSES</b>	<b>2016</b>	<b>2015</b>
<b>1</b> Prescription medications .....		
<b>2</b> Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
<b>3</b> Qualified long-term care premiums		
<b>a</b> Taxpayer's gross long-term care premiums .....		
<b>b</b> Spouse's gross long-term care premiums .....		
<b>c</b> Dependent's gross long-term care premiums .....		
<b>4</b> Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
<b>5</b> Insurance reimbursement.....		
<b>6</b> Doctors, dentists, etc .....		
<b>7</b> Hospitals, clinics, etc .....		
<b>8</b> Lab and X-ray fees.....		
<b>9</b> Expenses for qualified long-term care.....		
<b>10</b> Eyeglasses and contact lenses .....		
<b>11</b> Medical equipment and supplies .....		
<b>12</b> Miles driven for medical purposes.....		
<b>13</b> Ambulance fees and other medical transportation costs.....		
<b>14</b> Lodging.....		
<b>15</b> Other medical and dental expenses:		
<b>a</b> _____		
<b>b</b> _____		
<b>c</b> _____		
<b>d</b> _____		
<b>e</b> _____		
<b>f</b> _____		
<b>g</b> _____		
<b>h</b> _____		
<b>i</b> _____		
<b>j</b> _____		
<b>TAXES</b>	<b>2016</b>	<b>2015</b>
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
<b>16</b> Real estate taxes paid on principal residence .....		
<b>17</b> Real estate taxes paid on additional homes or land .....		
<b>18</b> Auto registration fees based on the value of the vehicle.....		
<b>19</b> Other personal property taxes .....		
<b>20</b> Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2016	2015
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2016
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
		.....
		.....

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address
	.....
	.....

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2015 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2016	2015
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		



# Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\*Methods of determining FMV:**

- |               |                          |                   |             |
|---------------|--------------------------|-------------------|-------------|
| Appraisal     | Capitalization of income | Present value     | Thrift shop |
| Average share | Comparative sales        | Replacement cost  |             |
| Catalog       | Consignment shop         | Reproduction cost |             |

**\*\*Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange



**Miscellaneous Itemized Deductions**

**ORG15**

<b>MISCELLANEOUS DEDUCTIONS (2% LIMITATION)</b>	<b>2016</b>	<b>2015</b>
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses <b>or</b> your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for <b>all</b> your employee expenses.		
1 Union and professional dues .....		
2 Professional subscriptions .....		
3 Uniforms and protective clothing .....		
4 Job search costs .....		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense ..... <input type="checkbox"/>		
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
6 Tax return preparation fees .....		
7 Investment counsel and advisory fees .....		
8 Certain attorney and accounting fees .....		
9 Safe deposit box rental .....		
10 IRA custodial fees .....		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>	<b>2016</b>	<b>2015</b>
12 Federal estate tax paid on income in respect of a decedent .....		
13 Amortizable bond premiums (acquired before 10/23/86) .....		
14 Gambling losses (to the extent of gambling income) .....		
15 Claim repayments .....		
16 Unrecovered investment in annuity .....		
17 Unrecovered investment in annuity .....		