BLANKORG Pg 9		
*** Leave Answer Blank If Unsure ***		
Personal Information	Yes	No
Did your marital status change during the year?		
Did your address change from last year?		
What is your current email address?		
Did you change any bank accounts that have been used to direct deposit?		
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.		
Dependent Information		
Were there any changes in dependents from the prior year?		
Do you have any children under age 24 with unearned income (i.e. interest income)		
in excess of \$2,000?		
Do you have dependents who must file a tax return?		
Did you provide over half the support for any other person(s) other than your	_	_
dependent children during the year?		
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?		
Did you acquire a new or additional interest in a partnership, S-corporation or LLC?		
Did you sell, exchange, or purchase any real estate during the year?		
Did you acquire or dispose of any stock during the year?		
Did you take out a home equity loan this year?	<u></u>	
Did you refinance a principal residence or second home this year?		
Did you sell an existing business, rental, or other property this year? Did you have any debts canceled or forgiven this year, such as a home mortgage or		
student loan(s)?		
Income Information	_	_
Did you receive any income from property sold prior to this year?		
Did you receive any lump-sum payments from a pension, profit sharing or	_	_
401(k) plan?		
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE,		
or SEP account?		
Did you make any withdrawals from an education savings/529 Plan account?		
Did you receive any disability income during the year?		
Did you receive any Social Security benefits during the year?		
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?		
Do you have evidence to substantiate charitable contributions?	_	
Did you have an expense account or allowance during the year?	_	<u> </u>
Did you use your car on the job for other than commuting?		
Did you work out of town for part of the year?		
Did you have any educational expenses or make any student loan interest payments during the year?	_	_
Did you have any expenses related to seeking a new job during the year?		
Did you make any major purchases during the year (cars, boats, etc.)?		
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.		
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?		
Did you pay long -term care premiums for yourself or your family?		

BLANKORG Pg 10		Ī
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 make energy efficient improvements to your main home this year? 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.)		
		-1

	1 0.00	nal Information			1
Filing (Marital) status code (1 = Single	e, 2 = Married filing joint, 3 = Married fi	ling separate, 4 = Head of househo	old, 5 = Qualifying widow(e	er))	2 [1]
Mark if you were married but livin					[2]
Mark if your nonresident alien spo	ouse does not have an Individu	ual Taxpayer Identification	Number (ITIN)		[3]
		Taxpayer		Spouse	
Social security number		[4]			[5]
First name		[6]			[7]
Last name	Blank 104	.0 [8]	Blank	1040	[9]
Occupation		[10]			[11]
Designate \$3.00 to the presidentia		Yes, 2 = No, 3 = Blan <u>k) 2</u> [12]			[14]
Mark if dependent of another taxp	•	[15]			[16]
Taxpayer with income less than 1/	2 support age 18 or 19 - 23 fu	ll-time student? (Y, N)17]			
Mark if legally blind		[20]			[21]
Date of birth	-	[22]		-	[24]
Date of death	<u>-</u>	[26]			[27]
Work/daytime telephone number,	·	[28][29]		[30]	[31]
Home/evening telephone number		[32]			[33]
Do you authorize us to discuss you	ir return with the IRS? (Y, N)	<u>Y</u> [34]			
	Presen	t 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]
	Depen	dent Information			
	•	endent Codes located at	the hottom)		Care
	(Fieuse refer to Bep	chache coacs located at	the Bottom,	Months**Dep in Codes	expenses paid for
First Name 49] Last N	Name Date of Birth	Social Security No.	Relationship	home * **	dependent
	· ·				
Name of child who lived with you	hut is not your dependent				
Name of child who lived with you					
Name of child who lived with you Social security number of qualifyin	ng person				[50] [51]
Social security number of qualifyin	ng person De	pendent Codes			
Social security number of qualifyin *Basic 1 = Child who lived	person De d with you	**Other 1 = Stude			
*Basic 1 = Child who lived 2 = Child who did	De d with you not live with you	**Other 1 = Stude 2 = Disab	led dependent	a student and dis	[51]
*Basic 1 = Child who lived 2 = Child who did 3 = Other depende	De d with you not live with you ent	**Other 1 = Stude 2 = Disab 3 = Depe		a student and dis	[51]
*Basic 1 = Child who lived 2 = Child who did 3 = Other depende 5 = Qualifying child	De d with you not live with you ent d for Earned Income Credit o	**Other 1 = Stude 2 = Disab 3 = Depe	led dependent ndent who is both	a student and dis	[51]
*Basic 1 = Child who lived 2 = Child who did of the control of the	De d with you not live with you ent d for Earned Income Credit cived with you, but do not qu	**Other 1 = Stude 2 = Disab 3 = Depe only alify for Earned Income	oled dependent ndent who is both Credit	a student and dis	[51]
*Basic 1 = Child who lived 2 = Child who did a 3 = Other depende 5 = Qualifying child 6 = Children who l	De d with you not live with you ent d for Earned Income Credit o ived with you, but do not quived with you.	**Other 1 = Stude 2 = Disab 3 = Depe only alify for Earned Income alify for Child Tax Credit	oled dependent ndent who is both Credit		[51]
*Basic 1 = Child who lived 2 = Child who did 3 = Other depende 5 = Qualifying child 6 = Children who I 7 = Children who I 8 = Children who I	De d with you not live with you ent d for Earned Income Credit of ived with you, but do not quived with you.	**Other 1 = Stude 2 = Disab 3 = Depe only alify for Earned Income alify for Child Tax Credit	oled dependent ndent who is both Credit		[51]
*Basic 1 = Child who lived 2 = Child who did 3 = Other depende 5 = Qualifying child 6 = Children who I 7 = Children who I 8 = Children who I ***Month§7 = Reported on 6	De d with you not live with you ent d for Earned Income Credit of ived with you, but do not quived with you, but do not quived with you, but do not quived with you, but do not quodd year return	**Other 1 = Stude 2 = Disab 3 = Depe only alify for Earned Income alify for Child Tax Credit	oled dependent ndent who is both Credit		[51]
*Basic 1 = Child who lived 2 = Child who did to the second of the second	De d with you not live with you ent d for Earned Income Credit of ived with you, but do not quived year return even year return	**Other 1 = Stude 2 = Disab 3 = Depe only alify for Earned Income alify for Child Tax Credit	oled dependent ndent who is both Credit		[51]
*Basic 1 = Child who lived 2 = Child who did 3 = Other depende 5 = Qualifying child 6 = Children who I 7 = Children who I 8 = Children who I ***Month§7 = Reported on 6	De d with you not live with you ent d for Earned Income Credit of ived with you, but do not quived year return even year return	**Other 1 = Stude 2 = Disab 3 = Depe only alify for Earned Income alify for Child Tax Credit	oled dependent ndent who is both Credit		[51]

Form ID: Info Client Contact Information 2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related qu	uestions) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address	<u>:</u>	[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:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

t number , and type of account

Form ID: Bank

3

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, updat	ed as needed, and are correct.			[1]
Primary account:				
Financial institution routing transit number	_			[2]
	ank:			[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 taxpaye				[6]
Mark if financial institution is foreign based (Not located in the territoria				[7]
Enter the maximum dollar amount, or percentage of total refund	Dollar	[8] o r	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 taxpaye	r and spouse names are on the account)			[28]
Mark if financial institution is foreign based (Not located in the territoria	l 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*)		-		
Mark if married filing jointly and this is a joint account (Both taxpaye	r and shouse names are on the account)			[33] [34]
Mark if financial institution is foreign based (Not located in the territoria				[35]
Enter the maximum dollar amount, or percentage of total refund		[14] or	Percent (xxx.xx)	[35] [15]
Refund - U.S. Series I	Savings Bond Purchases			
A tax refund may be used to buy up to \$5,000 of U.S. Series I Saving purchase U.S. Series I Savings bonds (in increments of \$50) with Please note you may enter only one name per registration (with ename, do not use nicknames.	your refund, if applicable, pl	ease comp	lete the following	informati
ndicate either a maximum dollar amount (up to \$5,000), or percenta The bonds will be registered to the name(s) on the return. For married filing joint returns 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	this means the bonds will be registered in low.	n both names l		[13]
Effect elittles a dollar amount of percent, but not both		[12]		[13
ond information for someone other than taxpayer and spouse, if ma				
Maximum dollar amount (up to \$5,000), or percentage of refund us				
Owner's name (First Last)	[37]			[38]
Co-owner or beneficiary (First Last)				
Mark if the name listed above is a beneficiary				[41]
ond information for someone other than taxpayer and spouse, if ma	arried filing jointly			
• • • • • • • • • • • • • • • • • • • •		[20] o i	r Percent (xxx.xx)	[21
Maximum dollar amount (up to \$5,000), or percentage of refund us	sed to purchase borndar		Percent (xxx.xx)	
ond information for someone other than taxpayer and spouse, if maximum dollar amount (up to \$5,000), or percentage of refund use Owner's name (First Last) Co-owner or beneficiary (First Last)	sed to purchase bondar[42]		r Percent (xxx.xx)	[43]

General

Form ID: Est		E	stima	ated Taxes		6
If you have an overn	avment of 2016	taxes, do you want the e	xcess:			
Refunded	.,	rance, ac you mane and a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[52]
Applied to 2017	7 estimated tax	liability				[53]
Do you expect a cons	siderable chang	ge in your 2017 income? (Y	', N)			[54]
If yes, please explain	any difference	S:				
	-					[55]
						[56]
						[57]
Do you expect a con-	siderable chang	ge in your deductions for 2	017? (V N)		[58] [59]
If yes, please explain	_	-		.,,		[55]
, ,,						[60]
						[61]
						[62]
_						[63]
•	-	ge in the amount of your 2	.017 w	ithholding? (Y, N)		[64]
If yes, please explain	any difference	S:				[GE]
						[65] [66]
	-					[67]
						[68]
Do you expect a char	nge in the numl	ber of dependents claimed	d for 2	017? (Y, N)		[69]
If yes, please explain	any difference	S:				
						[70]
						[71]
						[72] [73]
Mark if you use the E	lectronic Fede	ral Tax Payment System (E	FTPS)	to pay your estimated ta	ixes	[74]
•		, , , ,	,	. , ,		
		2016 Feder	al Es	timated Tax Payme	ents	
2015 overpayment a	nnlied to 2016	estimates			ı	[4]
		ounts on the dates due ind	licated	below. Skip the remaini	T ing fields.	[1] [5]
mark ii you pala tile	carcaratea arric	and on the dates due mo	iicatea	below. Skip the remain	ing neids.	[2]
If your estimated pay	ments were no	ot made on the date due o	or were	e for an amount other th	an the calculated amount be	elow, please enter
the actual date and a	mount paid.					
			_			
1 at au artar navra ant	Date Due	Date Paid if After Date		Amount Paid	Calculated Amount	Method*
1st quarter payment 2nd quarter paymen		[6] [8]	+ -	[7] [9]		
3rd quarter payment		[10]	_	[9] [11]		
4th quarter payment		[12]	_	[13]		
Additional payment	, ,	[14]	+	[15]		
		<u> </u>		_		
				ent indicated in prior ye		
		onic funds withdrawal			al Tax Payment System	
l	voucher = Fo	orm 1040-ES estimated ta	x payı	nent voucher		
NOTES/QUESTIC	ONS:					

Control Totals+ Payments Form ID: Est

Form ID: B-1 Interest Income 11

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 T/S/J Code (**See codes below)			Interest [1] Income	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

Control Totals +	Income	Form ID: B-1
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F ID D 2		
Form ID: B-2	Dividend Income	12
	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	: e (**:	See codes bel	Ordinary [2] ow) 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
			Payer	:										
		1	Amounts	+										
		,	Payer											
		2	Amounts	+										
		3	Payer											
		3	Amounts	+										
		4	Payer									<u> </u>		
		4	Amounts	+										
		5	Payer									1		
		_	Amounts	+										
		6	Payer											
			Amounts	+										
		7	Payer											
			Amounts	+										
		8	Payer											
			Amounts	+										
		9	Payer											
			Amounts	+										
		10	Payer				1							
		-0	Amounts	+										

**Dividend Codes				
Blank = Other	3 = Nominee			

	Control Totals +	Income	Form ID: B-2
--	------------------	--------	--------------

Form ID: C-1 Schedule C - General Information

26

1 Preparer use only			
,		2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		_[2	
Employer identification number		[3]	
Business name	•		
Principal business/profession		[6]	
Business code		[1]	2]
Business address, if different from hor	me address on Organizer Form	D: 1040	
Address	_	[1	5]
City/State/Zip		[16] [17] [18	8]
Accounting method (1 = Cash, 2 = Accrual, 3	3 = Other)		9]
If other:	•	[2	
Inventory method (1 = Cost, 2 = LCM, 3 = Otl	her)		
If other enter explanation:	·		
•		[2-	41
			-
Enter an explanation if there was a ch	nange in determining vour inven	torv:	
·			51
		<u></u>	-1
Did you "materially participate" in this	s husiness? (y N)	[2	61
If not, number of hours you did sig			
Mark if you began or acquired this but		[3	
Did you make any payments in 2016 t			
If "Yes", did you or will you file all		-	
Mark if this business is considered rela	-	[3.	
Did you receive wages as a statutory e			
Medical insurance premiums paid by		-	
		+[4	
Long-term care premiums paid by this		+[4	***************************************
Amount of wages received as a statut	ory employee	+[4:	8]
	Busines	s Income	
			Prior Year Information
Gross receipts and sales		2016 Information	Prior Year Information
Gross receipts and sales		2016 Information	
		2016 Information +[5	
		2016 Information +[5	
		2016 Information +[5	
		2016 Information +[5 +	
Returns and allowances		2016 Information +[5	
		2016 Information +[5. +	6]
Returns and allowances		2016 Information +	6]
Returns and allowances		2016 Information +[5. +	6]
Returns and allowances		2016 Information +	6]
Returns and allowances		2016 Information +	6]
Returns and allowances		#	6] [] [] [] [] [] [] [] [] [] [
Returns and allowances		2016 Information +	6]
Returns and allowances		#	Prior Year Information
Returns and allowances Other income:		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor:		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2016 Information +	Prior Year Information Prior Year Information Ol
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		#	Prior Year Information Prior Year Information Ol
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		#	Prior Year Information Prior Year Information Ol
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		#	Prior Year Information Prior Year Information Ol
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		#	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2016 Information +	Prior Year Information

1 Preparer use only		
Principal business or profession :		
	2016 Information	Prior Year Information
Advertising +	[6	
Car and truck expenses +	[8	B] 1
Commissions and fees +	[1	[
Contract labor +	[1	12]
Depletion +	[1	
Depreciation +	[1	<u> </u>
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	:	
+	[1	L8]
+		
Insurance (Other than health):		
	[2	20]
+		
Interest:		
Mortgage (Paid to banks, etc.)		
	[2	22]
<u> </u>		
Other:		
	[2	24]
<u> </u>		
	[2	
	[2	29]
Pension and profit sharing:		
+	[3	31]
Rent or lease:		
	[3	
	[3	
	[3	
	[3	39]
Taxes and licenses:		
+	[4	11]
+		
+		
†		
Tuesday and automatic mante		
Travel, meals, and entertainment:		•01
Travel + Meals and entertainment +	-	13]
Meals (Enter 100% subject to DOT 80% limit) +	[4	· · · · · · · · · · · · · · · · · · ·
Utilities +	[4	
Wages (Less employment credit):	[5	
	. re	71
+		53]
Other expenses:		
+	ſc	:E1
	[5	
		-
		-
		-
<u></u> '		

Form ID: Rent	Rent and Royalty Propert	y - General Information	29
1 Preparer use only		2016 Information	Prior Year Information
Description •		[2]	
Taxpayer/Spouse/Joint (T, S, J)[3]		State postal code[5]	
Physical address: Street			
City, state, zip code Foreign country			1
	nty	[11 [12	
Foreign postal code		[13	
Type (1=Single-family, 2=Multi-family, 3=Vacation,	short-term, 4=Commercial, 5=Land, 6=Royalty	7, 7=Self-rental, 8=Other, 9=Personal ppt <u>y)</u> [14	
Description of other type (Type code #8)	- La Cla Face (a) 4000	[15]	
Did you make any payments in 2016 th If "Yes", did you or will you file all re		-	
Fair rental days (If not full year) (For types 1, 2,		[18 [20	
Percentage of ownership if not 100%	, ,,,,,	[22	
Business use percentage, if not 100% (Not vacation home percentage)	[24	
	Rent and Roya	Ity Income	
Rents and royalties		6 Information	Prior Year Information
	+	[34]	
	Rent and Royal	tv Expenses	
		6 Information Percent if not 10	0% Prior Year Information
Advertising	+	[36][37	
Auto		[39][40	
Travel		[42] [43	
Cleaning and maintenance Commissions:	+	[45][46	
COMMISSIONS.	+	[48][50	1
	+		-
Insurance:		<u> </u>	
	+	[51][53	
Local and professional food		[55]	
Legal and professional fees Management fees:	+	<u>[</u> 55] <u>[</u> 56	
Management rees.	+	[58] [60	
	+		
Mortgage interest paid to banks, etc (F	orm 1098)		
-		[61] [63	
Other mortgage interest		[64]	1
Qualified mortgage insurance premium	 ns +	[67] [68	••••
Other interest:			
	+	[70][72	
Damaira.			
Repairs Supplies	<u>+</u>	[73][74 [76] [77	•
Taxes:	·	[70][77	
	+	[79][81]
	+		
Utilities	+	[82][83	
Depreciation Depletion	+	[85] [86]	•
Other expenses:	Ť	[88][89	
	+	[91]	
	+		
	+		
	+ Control Totals+	Rent & Royalt	y Form ID: Rent
	Control rotals	I TOTTO & NOTATI	-1 LIGHTID: WELL

Form ID: F-1	Farm Income - Ge	eneral Informa	tion	31
	Please provide a	ll Forms 1099-K		
1 Preparer use only	·			5. V . C
		20	016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)			[2]	
Employer identification number	_	_	[3]	
Description Principal Product	<u>.</u>		[4]	
State postal code	-		[5] [6]	
Accounting method (1 = Cash, 2 = Accrual)			[0] [7]	
Agricultural activity code			(·] [9]	_
Did you "materially participate" in this	business? (Y, N)		[12]	
Did you make any payments in 2016 th	at require you to file Form(s) 10	99? (Y, N)	[14]	<u> </u>
If "Yes", did you or will you file all red	-		[16]	_
Mark if Schedule F net income or loss		ployment income	[18]	_
Medical insurance premiums paid by t		+	[22]	
Long-term care premiums paid by this	activity	+	[26]	
	Schedule	F Income		
Sales Code**		20	016 Information	Prior Year Information
Inc	ome description		ſ	
_		_ +	[36]	
-		_		
		- * <u></u>		-
-		_ · <u></u>		
_	** C-1			
1 - Cash sale	** Sales es of items bought for resale		m hire (machine wor	k)
	es of items raised	5 = Other	•	N)
3 = Accrual				
		20	016 Information	Prior Year Information
		20	oto ililormation	Prior real information
Cost or other basis of livestock and oth		ash method) +	[38]	
Beginning inventory of livestock and o		. +	[40]	
Accrual cost of livestock, produce, grain		d +	[42]	
Ending Inventory of livestock and othe		+	[44]	
Total cooperative distributions you rec Taxable cooperative distributions you		±	[46] [48]	
Taxable cooperative distributions you		Total 20	^[40] [016 Taxable	Prior Year Information
A aviaultural programs payments			ſ	
Agricultural program payments	_	1	[E4]	
			[51]	
		·		
		20	016 Information	Prior Year Information
CRP payments received while enrolled	to receive social security or disa		ſ	The real morniages
Commodity credit loans reported under		bility beliefits	[53]	-
commonly create loans reported unde	i cicción.	+	[55]	
		+	[55]	
Total commodity credit loans forfeited		+	[57]	
Taxable commodity credit loans forfeit	ed	+	[59]	
	2016	Total 20	016 Taxable	Prior Year Information
Total crop insurance proceeds you rec	eived in 2016		[
		+	[62]	
		+		
	+	+		
Mark if electing to defer crop insurance			[64]	
Crop insurance proceeds deferred from	Control Totals+	Far:	[66] 	Form ID: F-1
	בטוונוטו וטנמוזד	I rar	411	FOLIII ID. L-T

Form ID: F-2	Farm Expenses	32
	I di ili Lapciiscs	

		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 E	mployer Health Ins Premiums credit) + _	[17]	
eed purchased	+_	[19]	
ertilizers and lime	+_	[21]	
Freight and trucking	+_	[23]	
Gasoline, fuel, and oil	+_	[25]	
nsurance (Other than health)			
	+ +	[28]	
	+ +		
	+ +		
Mortgage interest (Paid to banks, etc.)			
	+ +	[30]	
	+		
	+		
Other interest	+_	[32]	
abor 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]	
	+		
	+_		-
	+_		
	+_		
Jtilities	+_	[52]	
/eterinary, breeding, and medicine	+_	[54]	
Other expenses:			
		[56]	
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
Preproductive period expenses	+_	[58]	
	ntrol Totals+	Farm	Form ID: F-2

Form ID: 4835 Farm Rental - General Information 34				
1 Preparer use only		2016 Information	Prior Year Information	
Taxpayer/Spouse/Joint (T, S, J)		[2]		
Employer identification number		[3]		
		[4]		
State postal code Did you "actively participate" in the operation of this bu	siness this year? (Y, N)	[5] [6]		
	Income Items			
Income from production of livestock, produce, grains, as	nd other crops:	2016 Information	Prior Year Information	
	_	+[16]		
	_	+		
		+		
	-	+	-	
Total cooperative distributions you received Taxable cooperative distributions you received		+[18] +[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	<u> </u>	+[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 201 Crop insurance proceeds deferred from 2015	17	[34] + [36]		
Other income:		[30]		
		+[39]		
-		+		
		+		
		+	-	
	<u></u>	+ +		
	<u> </u>	+		
		+		
		+		
	<u>—</u>	+		
		+		
	<u>—</u>	+		
		Form Dortol	Farm ID: 400F	
Control Totals-	+	Farm Rental	Form ID: 4835	

Form ID: 483	5-2	Farm Rental Expens	es	35
1	Preparer use only			
Description	on <u>*</u>			
			2016 Information	Prior Year Information
	uck expenses		[6]	
Chemicals			[8]	
	ion expenses	+ <u>-</u>	[10]	
	over from prior years	+ ₋	[12]	
Depreciat	re (machine work)	<u>+</u> .	[14]	
	benefit programs	<u>-</u> -	[16]	
Feed purc		Ť <u>-</u>	[18] [20]	
Fertilizers		' <u>-</u> +	[22]	
	d trucking	-	[22]	
	fuel, and oil	· -	[26]	
	(Other than health):	-		
	,	+	[28]	
Mortgage	interest (Paid to banks, etc.):			
		+	[30]	
		+		
		+		
Other inte	erest	+_	[33]	
Labor hire	d (Less employment credit)	+_	[35]	
Pension a	nd profit sharing	+_	[37]	
	icles, machinery, and equipment	+_	[39]	
Rent - oth		+_	[41]	
	nd maintenance	+_	[43]	
	plants purchased	+_	[45]	
	nd warehousing	+_	[47]	
Supplies p	ourchased	+_	[49]	
Taxes:				
		+ <u>_</u>	[51]	
		+ _		
		+ _		
		+		
		+		
Utilities		+_	[53]	
	y, breeding, and medicine	+_	<u>[</u> 55]	
Other exp	enses:			
		<u>_</u>	[57]	·
			<u> </u>	· · · · · · · · · · · · · · · · · · ·
		 + <u>-</u>		
Prenrodu	ctive period expenses		[59]	
Пергочи		· -		
	Preparer use only Carryovers	Regular	AMT	
	Operating	+ [68		
	Short-term capital	+ [70	,	71]
	Long-term capital	+ [72	,	73]
	28% rate capital	+ [74	,	75]
	Section 1231 loss	+ [76		77]
	Ordinary business gain/lo			79]
	Section 179	+ [80	-	B1]
	Evenes form loss	1 100		251

Control Totals+

Farm Rental

Form ID: 4835-2

Please provide copies of Schedules K-1 showing income from partnerships and S-corporation	Please provide co	opies of Schedules K-1	showing income from	partnerships and S-co	rporations
---	-------------------	------------------------	---------------------	-----------------------	------------

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 partn	ership, 4 = Publicly traded partnership)	[17

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

K1 1065, 1120S Form ID: K1-1

Form ID: Educ3

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

lege, tion.

50

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (т, s)		[8
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deductio	on)	<u> </u>
Student's social security number		_
Student's first name		•
Student's last name		
Institution Information	า	
Enter information from each institution on a separate page, including the comple	te address and federal ic	dentification number of the
Institution's federal identification number		[8]
Institution's name		
Institution's street address		
Institution's city, state, zip code		
Tuition Paid and Related Info	rmation	
Amounts reported in Box 1 or Box 2 may not reflect the actual a Enter the amount actually paid duri		lent 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)	/ \	
Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 201	17 (Box 7)	
Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 201 At least half-time student (Box 8)	17 (Box 7)	
Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 201 At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No)	17 (Box 7)	
Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 201 At least half-time student (Box 8)	17 (Box 7)	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2016

NOTES/QUESTIONS:

American Opportunity Tax Credit (AOTC) disqualifier

Control Totals+	Educate	Form ID: Educ3

Form ID: A-1

Schedule A - Medical and Dental Expenses

5	3
_	•

/J	2016	Information	Prior Year Informati
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nu	_	•	
Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insura	nce reimburse	ments received	
1]	+	[2]	
			-
			-
	т		-
	+		-
	+		
Medical insurance premiums you paid: (Do not include pre-tax amounts paid by elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc. on Form SSA-1099.)			red
		r-1	
4]		[5]	-
	+		
	+		
Long-term care premiums you paid: (Do not include pre-tax amounts paid by an	employer-sponsore	ed plan or amounts entered	
elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.		•	
71	+	101	
<u> </u>	<u>'</u>	[8]	
	+		
Prescription medicines and drugs:			
0]	+	[11]	
	+		
3] Miles driven for medical items	-	[14]	
aj ivilies driveir for medicariteriis		[14]	
Schedule A - Tax	Expenses		
	-		
/J	2016	Information	Prior Year Informati
State/local income taxes paid:			
18]	+	[19]	
			-
-			-
	+		
	+		
2015 state and local income taxes paid in 2016:			
1]	+	[22]	
<u></u>	+		
	· 		
	+		
Real estate taxes paid:			
4] •	+	[25]	
	+		
	+	.	
Personal property taxes:	· 		
7]	+	[28]	
7]	+	[28]	
	+	[28]	
Other taxes, such as: foreign taxes and State disability taxes	+		
Other taxes, such as: foreign taxes and State disability taxes	+	[28]	
Other taxes, such as: foreign taxes and State disability taxes	+		
Other taxes, such as: foreign taxes and State disability taxes	+ + + + + +		
Other taxes, such as: foreign taxes and State disability taxes	+ + + + + +		
Other taxes, such as: foreign taxes and State disability taxes Oliminating State disability taxes Sales tax paid on major purchases:	+ + + + + +	[31]	
Other taxes, such as: foreign taxes and State disability taxes Olamore Sales tax paid on major purchases:	+ + + + + + +		
Other taxes, such as: foreign taxes and State disability taxes Oly Sales tax paid on major purchases:	+ + + + + + + +	[31]	
Other taxes, such as: foreign taxes and State disability taxes Ol Sales tax paid on major purchases:	+ + + + + + + +	[31]	
Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+ + + + + + + + +	[31]	
Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+ + + + + + + + + +	[31]	
Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+ + + + + + + + + + +	[31]	
Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+ + + + + + + + + + + +	[31]	
Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+ + + + + + + +	[31]	tions Form ID: A-

Form ID:	A-3 Charitable Contributions	55
T/S/J	Contributions made by cash or check (including out-of-pocket expenses)	Prior Year Information
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the co Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to cla	
[2]		-
[2]	<u>:</u> +	
_	+ +	
_	+ +	
_	+	
	+	
_	+	
_	+	
_	+	
[5]		[6]
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods	
[8]	<u> </u>	[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]	<u>:</u> +	[12]
_	+	
_	+	
_	+	
_	+	
	Union dues:	
[14]		[15]
	Toy propagation food	5403
[17]		[18]
[20]	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees	[24]
[20]		
_	<u> </u>	
_	+	
<u> </u>	Safe deposit box rental +	[24]
[23]	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:	
[26]	+	[27]
	+	
_	+	
_	Other expenses, not subject to the 2% AGI limit:	
[30]	+	[31]
_	+	
_	+	
_	+	
	Gambling losses: (Enter only if you have gambling income)	
[33]	+	[34]
_	+	
	Control Totals+ Themized Ded	uctions Form ID: A-2

Form ID: 2106

Employee Business Expenses

1 Preparer use only		2016 Information	Prior Year Information
Taxpayer/Spouse (т, s)		[2]	
Occupation in which expenses were inco	urred <u></u>	[3]	
State postal code		[5]	
	occupation listed below, enter the application		
	mpairment-related work expenses, 3 = Fe		
	elated to qualified services as a minister or	religious worker[10]	
Parking fees and tolls	+	[17]	
Local transportation	+	[19]	
Travel expenses Other business expenses:	+	[22]	
Other business expenses.	_	[25]	
-		[23]	-
		_	
	+		
·	+		-
	+		
	+		
	+		
	+		
	+		
	+		
-	+		
	+		
	+		
	+	<u> </u>	
	+		
	+		
-		_	
-		.	-
	+		
	+		
	+	_	-
	+		
	+		
	+		
	+		
	+		
	+		
-	+		
	+		-
Nonvehicle depreciation	+	[28]	
Meals and entertainment	+	[31]	
Meals for individuals subject to DOT hor	urs of service limitation +	[33]	
	Employer Reimburser		
Ente	r Reimbursements not entered on Scree		
		2016 Information	Prior Year Information
Reimbursements for other expenses no		[60]	
Reimbursements for meals and entertai		[62]	
Reimbursements for meals for DOT serv	vice limitation not included on Form W-2+	[64]	
T	Control Totals+	Itemized Deduc	ctions Form ID: 2106

			Employee B	usiness Expense	es		58
Taxpayer/Spouse (T, S) Occupation in which 6 State postal code	-	incurred	<u>:</u>		[2] [3] [4]		
			Vehicle	Questions			
If you used your autor Was the vehicle a Was another vehic Do you have evide	vailable for off- cle available fo	duty personal r personal use?	use? (Y, N, Blank = No ? (Y, N)		2016 Informati	on Prior Year I	nformation N N 2
			Vehicle	Information			
Vehicle 1 -	Date placed Description Comments	in service	Vehicl	e (for tak:	ing mileag		_/01/15 _{[1}
Vehicle 2 -	Date placed Description Comments	in service				_	[6
Vehicle 3 -	Date placed Description Comments	in service				_	[1
Vehicle 4 -	Date placed	in service					[1
	Description Comments						[1
	=		Vehicles A	Actual Expenses			
	=	Prior Year Information	Vehicles A	Actual Expenses Prior Year Information Vehic	Prior Year		Prior Year Information
	Comments Vehicle 1	Information 1		Prior Year	Prior Year		Prior Year
Business mileage	Vehicle 1 ear [20]	Information 1	Vehicle 2	Prior Year	Prior Year cle 3 Informatio	n Vehicle 4	Prior Year
Business mileage	Vehicle 1 ear [20]	Information 1	Vehicle 2 	Prior Year	Prior Year cle 3 Informatio	vehicle 4	Prior Year
Business mileage	Vehicle 1 ear [20]	Information 1 1	Vehicle 2 	Prior Year	Prior Year cle 3 Informatio	vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage	Vehicle 1 ear [20]	Information 1 1	Vehicle 2	Prior Year	Prior Year Informatio	n Vehicle 4 [163] [165]	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileag	Vehicle 1 ear [20] [24] 0 [26] ge [28]	Information 1 1	Vehicle 2[69][71][73]	Prior Year	Prior Year Information [116] [118] [120]	n Vehicle 4 [163] [165] [167]	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileag Gasoline	Vehicle 1 ear [20] [24] 0 [26] ge [28]	Information 1 1	Vehicle 2[69][71][73][75]	Prior Year	Prior Year Informatio	n Vehicle 4 [163] [165] [167] [169]	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileag Gasoline + Dil +	Vehicle 1 ear [20]	Information 1 1	Vehicle 2[69][71][73][75] +[77]	Prior Year	Prior Year Information	163 [165] [167] [169] [171]	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileag Gasoline Dil + Repairs +	Vehicle 1 Par [20] [24] D [26] ge [28] [- [30] [- [32]	Information 1 1	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance +	Vehicle 1 Par [20] [24] D [26] ge [28] [- [30] [- [34] [- [36]	Information 1 1	Vehicle 2 [69][71] [73][75] +[77] +[79] +[81] +[83]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Fil Repairs Haintenance Fires	Vehicle 1 ear [20] [24] 0 [26] ge [28] - [30] - [32] - [34] - [36] - [38]	Information 1 1	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Dil Repairs Maintenance Gar washes	Vehicle 1 ear [20] [24] 0 [26] ge [28] - [30] - [32] - [34] - [36] - [38] - [40]	Information 1 1	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Dil Repairs Maintenance Fires Car washes House daily round trip commuting mileage House daily round trip com	Vehicle 1 ear [20] [24] 0 [26] ge [28] - [30] - [32] - [34] - [36] - [38] - [40]	Information 1 1	Vehicle 2 [69][71] [73][75] +[77] +[79] +[81] +[85] +[85] +[87] +[89]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Susiness mileage Everage daily round trip commuting mileage Fotal commuting mileage Gasoline Fotal Repairs Flaintenance Fires Flar washes	Vehicle 1 Par [20] [24] [26] [26] [30] [32] [34] [36] [38] [40] [42]		Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [89] + [91]	Prior Year	Prior Year Information	Vehicle 4 [163] [165] [167] [169] [171] [175] [177] [179] [181] [183] [185]	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline File Bepairs Fires Fires Far washes Fires Fir	Vehicle 1 Par [20] [24] D [26] [26] [30] [- [30] [- [32] [- [36] [- [40] [- [42] [- [44] [- [46]	Information 1 1	Vehicle 2 [69][71] [73][75] +[77] +[79] +[81] +[85] +[85] +[87] +[89] +[91] +[93]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline File Bepairs Maintenance Fires Far washes Insurance Fires Far washes Fires	Vehicle 1 Par [20] [24] D [26] [26] [28] [- [30] [- [32] [- [36] [- [36] [- [40] [- [44] [- [44] [- [46] [- [48]		Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Susiness mileage Everage daily round trip Commuting mileage Fotal commuting mileage Gasoline File Elepairs Fires F	Vehicle 1		Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [89] + [91] + [95] + [97]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Dil Repairs Maintenance Fires Car washes nsurance nterest Registration Licenses Property taxes (Plates, tag /ehicle rentals	Vehicle 1 Par [20] [24] [26] [26] [36] [36] [38] [38] [40] [42] [44] [44] [44] [44] [45] [46] [48] [55] [52]		Vehicle 2 [69] [71] [73] [75] [77] [77] [79] [81] [83] [85] [87] [87] [89] [91] [95] [97]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Dil + Repairs + Maintenance + Fires + Car washes + nsurance + Registration + Licenses + Property taxes (Plates, tag Vehicle rentals + nclusion amt (Preparer of	Vehicle 1 ear [20] [24] 0 [26] ge [28] - [30] - [32] - [34] - [36] - [40] - [42] - [44] - [44] - [46] - [48] s, etc) [50] - [52]		Vehicle 2 [69] [71] [73] [75] [75] [77] [77] [77] [81] [83] [85] [87] [87] [91] [93] [95] [97] [97]	Prior Year	Prior Year Information	Note	Prior Year
Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Dil + Repairs + Maintenance + Fires + Car washes + nsurance + Registration + Licenses + Property taxes (Plates, tag Vehicle rentals + nclusion amt (Preparer of Other vehicle expenses	Vehicle 1 Par [20] [24] D [26] ge [28] [30] [34] [36] [36] [38] [40] [40] [42] [44] [44] [45] [46] [48] [5, etc) [50]		Vehicle 2 [69] [71] [73] [75] [77] [77] [79] [81] [83] [85] [87] [87] [89] [91] [95] [97]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline Oil Repairs Maintenance Tires Car washes Insurance Hegistration Licenses Property taxes (Plates, tag Vehicle rentals Inclusion amt (Preparer of Other vehicle expenses Value of employer	Vehicle 1 Par [20] [24] [26] [26] [36] [36] [36] [36] [38] [40] [42] [44] [44] [46] [48] [55] [56]		Vehicle 2 [69] [71] [73] [75] [75] [77] [77] [77] [77] [81] [83] [85] [87] [87] [91] [93] [95] [97] [97] [101] [103]	Prior Year	Prior Year Information	Vehicle 4	Prior Year
Total commuting milear Gasoline + Oil + Repairs + Maintenance + Tires + Car washes + Insurance + Interest + Registration + Licenses + Property taxes (Plates, tag	Vehicle 1 Par [20] [24] [26] [26] [36] [32] [34] [36] [38] [40] [40] [44] [46] [46] [46] [48] [5, etc) [50] [52] [49] [56]		Vehicle 2 [69] [71] [73] [75] [75] [77] [77] [77] [81] [83] [85] [87] [87] [91] [93] [95] [97] [97]	Prior Year	Prior Year Information	Note	Prior Year

Form ID: Auto			Auto	Worksh	eet					66
			e for business	purposes,	please complet	e the fo	llowing in	formation.		
С	1 Preparer us	se only								
Description of bu	usiness or profession	<u>:</u>								[3]
			Ve	ehicles						
Vehicle 1 - Da	ate placed in service							<u>0</u> :	1/01	L/15 _{[4}
	escription		<u>Vehicle</u>	(for	taking 1	nile	age)			[5
	omments		-							
	ate placed in service escription									[9 [1
	omments									[1
	ate placed in service									[1
De	escription									[1
	omments									
	ate placed in service							_		[1
	escription omments									[2
	omments		<u> </u>							
			Vehicl	e Questi	ons					
				Vehicle		Prior	Vehicle	_		Prior
				1	Year 2	Year	3	Year	4	Year
	utomobile for work p e available for off-du			questions N [60]	100000000000000000000000000000000000000		[64]		[66]	
	e available for oil-du ehicle available for pe			N [68]	<u>N</u> _[62] N [70]	_	^[64] ^[72]		[66] [74]	_
	vidence to support yo			Y [76]	N -[62] N -[70] Y -[78] N [86]	-	[80]		[82]	
Is this evidence				N [84]	N [86]	_	[88]		[90]	_
			\/_I_!_!							
			venic	e Expen	ses					
	Vahiala 1	Prior Year	Vahiala 2	Prior Yea			r Year	Vahiala 4		or Year
Tatal miles far use	Vehicle 1	Information 1		Informati			rmation	Vehicle 4		ormatio
Total miles for yea Commuting miles			[34]	-		6]	_	[38		
Business miles	[42] [52]	1	[44] [54]	-		6] 6]	_	[48 [58		
Parking fees	+ [92]	+	[94]	-		6]	+			
Tolls	+ [100]	+	[102]	-		04]	+	[10		
Gasoline	+ [108]	+	[110]		+ [1	12]	+	[11	.4]	
Oil	+[116]	+	[118]		+[1	20]	+_	[12	.2]	
Repairs	+[124]	+	[126]		+[1	28]	+_	[13		
Maintenance	+[132]	+	[134]			36]	+_	[13		
Tires	+[140]	+	[142]			44]	+_	[14	-	
Car washes	+[148]	+	[150]	-		52]	+_	[15	-	
Insurance	+[156]	+	[158]			60]	+_	[16		
Interest Registration	+[164] + [172]	+.	[166] [174]			68] 76]	+_	[17 [17	-	
Licenses	+ [172]	+	[174] [182]	-		84]		[1/	-	
Property taxes	+ [188]	+	[190]	-		92]	+	[19	8	
Other vehicle expe		+	[198]	-		00]	+	[20		
Vehicle rentals	+ [204]	+	[206]	-		08]	+	 [21	-	
Inclusion amt (Prepa		+	[214]	-		16]	+	 [21		
Depreciation	+ [220]	+	[222]			24]	+	 [22		
					_			·		

Control Totals+	Business	Form ID: Auto
CONTROL LOTAIST	DUSTHESS	FORM ID: AULO I

					Worksheet				66
				e for business	purposes, plea	ase complete t	the following in	nformation.	
E	•	reparer us	e only						
Description of	business or p	profession	:						[3]
				Ve	ehicles				
Vehicle 1 -	Date placed	in service						01	/01/15
	Description			<u>Vehicle</u>	(for t	aking m	ileage)][
	Comments								
Vehicle 2 -	Date placed	in service							[
	Description								[
Vehicle 3 -	Comments Date placed	in corvice		-					
veriicie 3 -	Description	III SEI VICE							
	Comments			-					
Vehicle 4 -	Date placed	in service							
	Description								
	Comments								
				Vehicle	e Questions	s			
					Vehicle Pri		Prior Vehicle	Prior Veh	icle Prior
					1 Year		Year 3		Year
If you used your	automobile f	or work pu	ırposes, answ	er the following	questions <u>:</u>				
Was the veh	icle available		y personal use		N [60]	N [62]	[64]	<u> </u>	[66]
			rsonal use? (v	, N)	N [68]	N [70]	[72]		[74]
Was another	r vehicle avail								
Was anothe Do you have	r vehicle avail e evidence to	support yo	ur deduction?		Y [76]	Y _[78]	[80]		[82]
Was anothe Do you have	r vehicle avail	support yo			Y [76] N [84]	<u>N</u> [62] <u>N</u> [70] <u>Y</u> [78] <u>N</u> [86]	[80] _ [88]		[90]
Was anothe Do you have	r vehicle avail e evidence to	support yo			<u>Y</u> [76] <u>N</u> [84]	<u>Y</u> [78] <u>N</u> [86]			
Was anothe Do you have	r vehicle avail e evidence to	support yo		' (Y, N)	_				
Was anothe Do you have	r vehicle avail e evidence to	support yo		' (Y, N)	<u>Y</u> [76] <u>N</u> [84]				
Was anothe Do you have	r vehicle avail e evidence to : nce written? (support yo		Vehicl	_	-			Prior Year
Was another Do you have Is this evider	r vehicle avail e evidence to s nce written? (Veh	support yo	ur deduction? Prior Year Information	Vehicle 2	e Expenses	Vehicle 3	[88]	Vehicle 4	
Was another Do you have Is this evider	r vehicle avail e evidence to s nce written? (Veh	support yo y, N) sicle 1	ur deduction?	Vehicle 2	e Expenses	Vehicle 3		Vehicle 4	Prior Year
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				Auto	Workshee	t				66
		sed yo	ur automob	ile for business	purposes, ple	ease complete	the following	g information	on.	
F		arer us	e only							
Description of t	ousiness or profe	ession	<u>:</u>							[3]
				V	ehicles					
	Date placed in se	rvice							01/0	1/15
	Description			Vehicle	e (for t	taking m	ileage)			[
-	Comments Date placed in se	rvico								
	Date placed in se Description	ivice								[
	Comments									
Vehicle 3 - [Date placed in se	rvice								
	Description									
	Comments									
	Date placed in se	rvice								
	Description Comments			-						
	Lonninents									
				Vehicl	e Questior	าร				
					Vehicle Pr			cle Prior	Vehicle	
f you used your a						ear 2	Year 3	Year	4	Year
Do you have e	vehicle available evidence to supp	-			<u>N</u> [68] <u>Y</u> [76]	$ \begin{array}{c c} \mathbf{N} \\ \mathbf{Y} \\ -[78] \\ -[86] \end{array} $	_ _[: [:	80]	_[74] _[82]	_
Was another of Do you have e	vehicle available	-		1? (Y, N)	<u>Y</u> [76] <u>N</u> [84]	<u>Y</u> [78][86]	_ _[:			_
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Was another of Do you have e	vehicle available evidence to supp	oort you	ur deduction	1? (Y, N)	<u>Y</u> [76] <u>N</u> [84]	es	_ _[:	88] <u> </u>	[82] [90] Pr	ior Year
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Control Totale	Parm	Form ID: Auto
Control Totals+	Farm	Form ID: Auto

Form ID: Coverage	Health Care Coverage and Exemptions	67
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"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

	Please prov	ride all copies of Form(s) 1095	-B and/or 1095-C				
			2016 Inf	formation	Prior Y	ear Infor	mation
Was your entire family c	overed for the full year with i	minimum essential health care	coverage? (Y, N)	<u>Y</u> [1]			Y
family meml Enter either t	pers who are covered, or are the Exemption Certificate Nu	he full year with minimum es e exempt from the requireme umber issued by the Marketpl ption is for the entire year, ot	nt to maintain min lace, or the Other I	imum essen Exemption T	tial hea ype you	lth cover	rage. ming.
Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage, Exemption Type *	Full	Start Month	End Month
				· <u> </u>	_		[7]
				· <u> </u>	_		
				_ 	_		
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		*Other Exemption Type Cod	es				
A = Unaffordable B = Short coverage	•	ated individual ip (combined coverage unaffo	udahla initial ana	م مسالمسمم	+ CITID/		
C = Exempt noncit		id/TRICARE/Fiscal year emplo		i enronnien	t, CHIP)		
		with minimum essential cove		o found on	Form(s)	1095-B c	or 1 0 95-0
E = Indian tribe m	ember						
		2016 Info	rmation	F	Prior Yea	r Inform	ation
		Taxpayer	Spouse				
Self-employed health ins	surance premiums: (Not entered						
		+[12] +					
Self-employed long-term	n care premiums: (Not entered els		•				
		+[15]					
		_	+				

NOTES/QUESTIONS:

Control Totals	Woolth Caro	Form ID: Coverage	
Control Totals+	nearth tare	IForm ID: Coverage	•

Form ID: 2441

Child and Dependent Care Expenses

78

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 car	e benefits used during 2016 grace perio	od +[3]	+[4]
Employer-provided dependent care ben	efits that were forfeited in 2016		+[6]
Total qualified expenses incurred in 201			[9]
Were you or your spouse a full time stu	·	[10]	[11]
Did you provide care expenses for any p	erson(s) who is not listed as a depende	nt? (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 ide	ntification 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	e 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 ide	ntification 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	e 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 ide	ntification number		
Tax Exempt / LAFCP / Due Diligence $(1 = \frac{1}{2})$	Tax Exempt, 2 = Living Abroad Foreign Care Provider,	3 = Provider moved and unable to get TIN	, 4 = Provider refuses to give <u>TIN</u>)
Amount paid to care provider in 2016			+
Foreign province or state of provider			
Foreign country and Foreign postal code	e of provider		
Business name of provider			
First and last name of provider			
Street address of provider			
City, State and Zip code			<u> </u>
Social security number OR Employer ide	ntification number		
Tax Exempt / LAFCP / Due Diligence (1 = 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	e 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 ide			
Tax Exempt / LAFCP / Due Diligence (1 = 1	Tax Exempt, 2 = Living Abroad Foreign Care Provider,	3 = Provider moved and unable to get TIN	, 4 = Provider refuses to give <u>TIN</u>)
Amount paid to care provider in 2016			+
Foreign province or state of provider			
Foreign country and Foreign postal code	e of provider Control Totals+	Credits	Form ID: 2441
	CONTROL LOCAIST	I CT COT CD	FUITH ID: 2441

Form ID: NOLCO

2013

2014

2015

Prior C/O Year	O	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]
2012	1	[4.6]	[24]

Net Operating Loss Carryover Information - Preparer Use Only

89

[34]

[35]

3 [36]

[16] +

[17] + **3**[18] +

NOTES/QUESTIONS:

Form ID: OrgDp		Depreciation - Asset List	91	
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C	1	Preparer use only	
Activity name			:

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/09	42,500
	Collected in 5 equal payments over 2 yrs	03/09/16 01/01/14	20,000
1	:	01/01/14	
_			
2	Vehicle (for taking mileage)	01/01/15	
			Form ID: Org

Form ID: OrgDp	Depreciation - Asset List	91
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E	1	Preparer use only	
itv name			:

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments Machinery and equipment (EVAMPLE ASSET)	Date Sold/Disposed	Sales Price
XAMPLE	Machinery and equipment (EXAMPLE ASSET) Collected in 5 equal payments over 2 yrs	11/21/09	42,500 20,000
1	Conected in 5 equal payments over 2 yrs	03/09/16 01/01/14	20,000
	•	01/01/14	
2	Vehicle (for taking mileage)	01/01/15	
_	veniere (for canting mireage)	017 017 13	
			

Form ID: OrgDp	Depreciation - Asset List	91
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F	1	Preparer use onl	у
vity name			:

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
	Machinery and equipment (EXAMPLE ASSET)	11/21/09	42,500
XAMPLE	Collected in 5 equal payments over 2 yrs	03/09/16	20,000
1	:	01/01/14	
_	_ •	01/01/11	
2	Vehicle (for taking mileage)	01/01/15	
4	venicle (for taking mileage)	01/01/15	
		+	
		•	Form ID: O

reciation - Asset List 91
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2106	1	Preparer use only	
tivity name			:

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/09	42,500
	Collected in 5 equal payments over 2 yrs Vehicle (for taking mileage)	03/09/16 01/01/15	20,000
2	Vehicle (for taking mileage)	01/01/15	

Form ID: OrgDp	Depreciation - Asset List	91
	Depicolation /toset Elst	

835 1	1 Preparer use only
name	:

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
XAMPLE -	Machinery and equipment (EXAMPLE ASSET)	11/21/09	42,500
AAIVIPLE	Collected in 5 equal payments over 2 yrs	03/09/16 01/01/14	20,000
1:		01/01/14	•
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Form ID: OrgDp2	Depreciation - Asset Acquisitions	92

C	1	Preparer use only	
Activity name		<u>:</u>	

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				
FΧΛ	MPLE		2016 Model T - (EXAMPLE ASSET)	03/09/16	25,750
LAH	IAIL F	Comments:	22,500 job-related miles, 25,000 total miles		
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		Comments:			Farm ID: Over
					Form ID: OrgDp2

Depreciation - Asset Acquisitions

E	1	1 Preparer use or	ıly
ctivity 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				
EXA	MPLE		2016 Model T - (EXAMPLE ASSET)	03/09/16	25,750
		Comments:	22,500 job-related miles, 25,000 total miles	1	
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Form ID: OrgDp2	Depreciation - Asset Acquisitions

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F	1	Preparer use only	
Activity name		<u>.</u>	
Use the	comme	nts section to provide a	additional information about the asset. Enter information such as vehicle mileage

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.

		204C B4 - J-LT (EVABADI E 400ET)	00/00/40	25 552
XAMPL	E	2016 Model T - (EXAMPLE ASSET)	03/09/16	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
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	Comments:			•

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Form	ID:	OrgDp2
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Depreciation - Asset Acquisitions

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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	Comments:	.6 Model T - (EXAMPLE ASSET)	03/09/16	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
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Depreciation - Asset Acquisitions

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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
FΧΔ	MPLE		2016 Model T - (EXAMPLE ASSET)	03/09/16	25,750
		Comments:	22,500 job-related miles, 25,000 total miles		
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