

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)ouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

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

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

Present Mailing Address

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

Dependent Information

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

| First Name ^[49] | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | **Dep Codes * ** | Care expenses paid for dependent |
|----------------------------|-----------|---------------|---------------------|--------------|----------------|------------------|----------------------------------|
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Name of child who lived with you but is not your dependent _____ [50]
 Social security number of qualifying person _____ [51]

Dependent Codes

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

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

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

NOTES/QUESTIONS:

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

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

Primary account:

Financial institution routing transit number _____ [2]

Name of financial institution _____ [3]

Your account number _____ [4]

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

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

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

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

Secondary account #1:

Financial institution routing transit number _____ [24]

Name of financial institution _____ [25]

Your account number _____ [26]

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

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

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

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

Secondary account #2:

Financial institution routing transit number _____ [30]

Name of financial institution _____ [31]

Your account number _____ [32]

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

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

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

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____ [1]
Identification number _____ [2]
Issue date _____ [3]
Expiration date (mm/dd/yyyy) _____ [4]
Location of issuance _____ [5]
Document number (New York only) _____ [6]

Spouse -

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

NOTES/QUESTIONS:

If you have an overpayment of 2016 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2017 estimated tax liability _____ [53]

Do you expect a considerable change in your 2017 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2017? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2017 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2017? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2016 Federal Estimated Tax Payments

2015 overpayment applied to 2016 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

| | Date Due | Date Paid if After Date Due | Amount Paid | Calculated Amount | Method* |
|---------------------|-----------------|------------------------------------|--------------------|--------------------------|----------------|
| 1st quarter payment | 4/18/16 | _____ [6] | + _____ [7] | _____ | _____ |
| 2nd quarter payment | 6/15/16 | _____ [8] | + _____ [9] | _____ | _____ |
| 3rd quarter payment | 9/15/16 | _____ [10] | + _____ [11] | _____ | _____ |
| 4th quarter payment | 1/17/17 | _____ [12] | + _____ [13] | _____ | _____ |
| Additional payment | | _____ [14] | + _____ [15] | _____ | _____ |

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2015 return + _____ [3]

2015 overpayment applied to '16 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

| Date Paid | Amount Paid | Calculated Amount |
|--------------------------------|--------------|-------------------|
| 1st quarter payment _____ [9] | + _____ [10] | |
| 2nd quarter payment _____ [11] | + _____ [12] | |
| 3rd quarter payment _____ [13] | + _____ [14] | |
| 4th quarter payment _____ [15] | + _____ [16] | |
| Additional payment _____ [17] | + _____ [18] | |

2016 City Estimated Tax Payments

| City #1 | | City #2 | |
|---|--|---|--|
| City name _____ [28] | | City name _____ [50] | |
| Amount paid with 2015 return + _____ [31] | | Amount paid with 2015 return + _____ [53] | |
| 2015 overpayment applied to '16 estimates- _____ [32] | | 2015 overpayment applied to '16 estimates- _____ [54] | |
| Treat calculated amounts as paid _____ [36] | | Treat calculated amounts as paid _____ [58] | |

| Date Paid | Amount Paid | Date Paid | Amount Paid |
|--------------------------------|--------------|--------------------------------|--------------|
| 1st quarter payment _____ [37] | + _____ [38] | 1st quarter payment _____ [59] | + _____ [60] |
| 2nd quarter payment _____ [39] | + _____ [40] | 2nd quarter payment _____ [61] | + _____ [62] |
| 3rd quarter payment _____ [41] | + _____ [42] | 3rd quarter payment _____ [63] | + _____ [64] |
| 4th quarter payment _____ [43] | + _____ [44] | 4th quarter payment _____ [65] | + _____ [66] |

Calculated Amount

| |
|---------------------------|
| 1st quarter payment _____ |
| 2nd quarter payment _____ |
| 3rd quarter payment _____ |
| 4th quarter payment _____ |

Calculated Amount

| |
|---------------------------|
| 1st quarter payment _____ |
| 2nd quarter payment _____ |
| 3rd quarter payment _____ |
| 4th quarter payment _____ |

| City #3 | | City #4 | |
|---|--|---|--|
| City name _____ [72] | | City name _____ [94] | |
| Amount paid with 2015 return + _____ [75] | | Amount paid with 2015 return + _____ [97] | |
| 2015 overpayment applied to '16 estimates- _____ [76] | | 2015 overpayment applied to '16 estimates- _____ [98] | |
| Treat calculated amounts as paid _____ [80] | | Treat calculated amounts as paid _____ [102] | |

| Date Paid | Amount Paid | Date Paid | Amount Paid |
|--------------------------------|--------------|---------------------------------|---------------|
| 1st quarter payment _____ [81] | + _____ [82] | 1st quarter payment _____ [103] | + _____ [104] |
| 2nd quarter payment _____ [83] | + _____ [84] | 2nd quarter payment _____ [105] | + _____ [106] |
| 3rd quarter payment _____ [85] | + _____ [86] | 3rd quarter payment _____ [107] | + _____ [108] |
| 4th quarter payment _____ [87] | + _____ [88] | 4th quarter payment _____ [109] | + _____ [110] |

Calculated Amount

| |
|---------------------------|
| 1st quarter payment _____ |
| 2nd quarter payment _____ |
| 3rd quarter payment _____ |
| 4th quarter payment _____ |

Calculated Amount

| |
|---------------------------|
| 1st quarter payment _____ |
| 2nd quarter payment _____ |
| 3rd quarter payment _____ |
| 4th quarter payment _____ |

Wages and Salaries #1

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

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

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Wages and Salaries #2

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

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

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Interest Income

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

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

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

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

Dividend Income

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

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

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

| | |
|-------------------------|-------------|
| **Dividend Codes | |
| Blank = Other | 3 = Nominee |

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

| | | |
|---|---------|------|
| Name of payer | _____ | [3] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [5] |
| State postal code | _____ | [6] |
| Rents (Box 1) | + _____ | [13] |
| Royalties (Box 2) | + _____ | [15] |
| Other income (Box 3) | + _____ | [17] |
| Federal income tax withheld (Box 4) | + _____ | [19] |
| Fishing boat proceeds (Box 5) | + _____ | [21] |
| Medical and health care payments (Box 6) | + _____ | [23] |
| Nonemployee compensation (Box 7) | + _____ | [25] |
| Substitute payments in lieu of dividends or interest (Box 8) | + _____ | [27] |
| Payer made direct sales of \$5,000 or more of consumer products (Box 9) | _____ | [29] |
| Crop Insurance proceeds (Box 10) | + _____ | [31] |
| Excess golden parachute payments (Box 13) | + _____ | [36] |
| Gross proceeds paid to an attorney (Box 14) | + _____ | [38] |
| Section 409A deferrals (Box 15a) | + _____ | [40] |
| Section 409A income (Box 15b) | + _____ | [42] |
| State tax withheld (Box 16) | + _____ | [44] |
| State/Payer's state no. (Box 17) | _____ | [46] |
| State income (Box 18) | + _____ | [47] |

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

| | | |
|---|---------|------|
| Name of payer | _____ | [3] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [5] |
| State postal code | _____ | [6] |
| Rents (Box 1) | + _____ | [13] |
| Royalties (Box 2) | + _____ | [15] |
| Other income (Box 3) | + _____ | [17] |
| Federal income tax withheld (Box 4) | + _____ | [19] |
| Fishing boat proceeds (Box 5) | + _____ | [21] |
| Medical and health care payments (Box 6) | + _____ | [23] |
| Nonemployee compensation (Box 7) | + _____ | [25] |
| Substitute payments in lieu of dividends or interest (Box 8) | + _____ | [27] |
| Payer made direct sales of \$5,000 or more of consumer products (Box 9) | _____ | [29] |
| Crop Insurance proceeds (Box 10) | + _____ | [31] |
| Excess golden parachute payments (Box 13) | + _____ | [36] |
| Gross proceeds paid to an attorney (Box 14) | + _____ | [38] |
| Section 409A deferrals (Box 15a) | + _____ | [40] |
| Section 409A income (Box 15b) | + _____ | [42] |
| State tax withheld (Box 16) | + _____ | [44] |
| State/Payer's state no. (Box 17) | _____ | [46] |
| State income (Box 18) | + _____ | [47] |

Control Totals +

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

[51]

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

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

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

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

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

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

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

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

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

Control Totals +**Cancellation of Debt, Abandonment #2**

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

[51]

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

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

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

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

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

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

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

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

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

Control Totals +**NOTES/QUESTIONS:**

Gambling Winnings #1

Please provide all copies of Form W-2G.

| | 2016 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse (T, S) | _____[1] | |
| Payer name | _____[3] | |
| State postal code | _____[4] | |
| Mark if professional gambler | _____[9] | |
| Gross winnings (Box 1) | + _____[11] | _____ |
| Date won (Box 2) | _____[13] | _____ |
| Type of wager (Box 3) | _____[15] | _____ |
| Federal withholding (Box 4) | + _____[17] | _____ |
| Transaction (Box 5) | _____[19] | _____ |
| Race (Box 6) | _____[21] | _____ |
| Identical wager winnings (Box 7) | + _____[23] | _____ |
| Cashier (Box 8) | _____[25] | _____ |
| Taxpayer identification number (Box 9) | _____[27] | _____ |
| Window (Box 10) | _____[28] | _____ |
| First ID (Box 11) | _____[30] | _____ |
| Second ID (Box 12) | _____[31] | _____ |
| Payer's state ID no. (Box 13) | _____[32] | _____ |
| State winnings (Box 14) | + _____[33] | _____ |
| State withholding (Box 15) | + _____[35] | _____ |
| Local winnings (Box 16) | + _____[37] | _____ |
| Local withholding (Box 17) | + _____[39] | _____ |
| Name of locality (Box 18) | _____[42] | _____ |

Control Totals +

Gambling Winnings #2

Please provide all copies of Form W-2G.

| | 2016 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse (T, S) | _____[1] | |
| Payer name | _____[3] | |
| State postal code | _____[4] | |
| Mark if professional gambler | _____[9] | |
| Gross winnings (Box 1) | + _____[11] | _____ |
| Date won (Box 2) | _____[13] | _____ |
| Type of wager (Box 3) | _____[15] | _____ |
| Federal withholding (Box 4) | + _____[17] | _____ |
| Transaction (Box 5) | _____[19] | _____ |
| Race (Box 6) | _____[21] | _____ |
| Identical wager winnings (Box 7) | + _____[23] | _____ |
| Cashier (Box 8) | _____[25] | _____ |
| Taxpayer identification number (Box 9) | _____[27] | _____ |
| Window (Box 10) | _____[28] | _____ |
| First ID (Box 11) | _____[30] | _____ |
| Second ID (Box 12) | _____[31] | _____ |
| Payer's state ID no. (Box 13) | _____[32] | _____ |
| State winnings (Box 14) | + _____[33] | _____ |
| State withholding (Box 15) | + _____[35] | _____ |
| Local winnings (Box 16) | + _____[37] | _____ |
| Local withholding (Box 17) | + _____[39] | _____ |
| Name of locality (Box 18) | _____[42] | _____ |

Control Totals +

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

| | 2016 Information | Prior Year Information | |
|---|------------------|--|-----------|
| Taxpayer/Spouse (T, S) _____ | ____ [1] | <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> </div> | |
| RIC or REIT name _____ | ____ [3] | | |
| State postal code _____ | ____ [4] | | |
| Total undistributed long-term capital gains (Box 1a) _____ | + _____ [9] | | |
| Unrecaptured section 1250 gain (Box 1b) _____ | + _____ [11] | | |
| Section 1202 gain (Box 1c) _____ | + _____ [13] | | |
| If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ | | | ____ [15] |
| Collectibles (28%) gain (Box 1d) _____ | + _____ [17] | | |
| Tax paid by the RIC or REIT on the box 1a gains (Box 2) _____ | + _____ [19] | | |
| Control Totals + | | | |

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

| | 2016 Information | Prior Year Information | |
|---|------------------|--|-----------|
| Taxpayer/Spouse (T, S) _____ | ____ [1] | <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> </div> | |
| RIC or REIT name _____ | ____ [3] | | |
| State postal code _____ | ____ [4] | | |
| Total undistributed long-term capital gains (Box 1a) _____ | + _____ [9] | | |
| Unrecaptured section 1250 gain (Box 1b) _____ | + _____ [11] | | |
| Section 1202 gain (Box 1c) _____ | + _____ [13] | | |
| If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ | | | ____ [15] |
| Collectibles (28%) gain (Box 1d) _____ | + _____ [17] | | |
| Tax paid by the RIC or REIT on the box 1a gains (Box 2) _____ | + _____ [19] | | |
| Control Totals + | | | |

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

| | 2016 Information | Prior Year Information | |
|---|------------------|--|-----------|
| Taxpayer/Spouse (T, S) _____ | ____ [1] | <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> </div> | |
| RIC or REIT name _____ | ____ [3] | | |
| State postal code _____ | ____ [4] | | |
| Total undistributed long-term capital gains (Box 1a) _____ | + _____ [9] | | |
| Unrecaptured section 1250 gain (Box 1b) _____ | + _____ [11] | | |
| Section 1202 gain (Box 1c) _____ | + _____ [13] | | |
| If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ | | | ____ [15] |
| Collectibles (28%) gain (Box 1d) _____ | + _____ [17] | | |
| Tax paid by the RIC or REIT on the box 1a gains (Box 2) _____ | + _____ [19] | | |
| Control Totals + | | | |

NOTES/QUESTIONS:

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) _____ [3]
 State _____ [4]

Foreign Employer Identification (ID) number _____ [1]
 Foreign Employer Name _____ [2]
 Foreign Employer Address _____
 Foreign street address _____ [6]
 Foreign city _____ [7]
 Foreign country code/name _____ [8] _____ [9]
 Foreign province/county _____ [10]
 Foreign postal code _____ [11]
 Name "in care of" _____ [12]

Employee address, if different from home address on Organizer Form ID: 1040
 Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
 Street address _____ [13]
 City, state, zip code _____ [14] _____ [15] _____ [16]
 Foreign country code/name _____ [17] _____ [18]
 Foreign province/county _____ [19]
 Foreign postal code _____ [20]

Income

| | 2016 Information | Prior Year Information |
|-------------------------------|------------------|------------------------|
| Foreign employer compensation | _____ [22] | |

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2016 Information

Prior Year Information

| | | | | | | | | | | |
|--|-------|---|-------|--|--|--|--|--|--|--|
| Taxpayer/Spouse (T, S) | | | | | | | | | | |
| Name of payer | _____ | | | | | | | | | |
| State postal code | _____ | | | | | | | | | |
| Gross distributions received (Box 1) | | + | _____ | | | | | | | |
| Taxable amount received (Box 2a) | | + | _____ | | | | | | | |
| Federal withholding (Box 4) | | + | _____ | | | | | | | |
| Distribution code (Box 7) | _____ | | | | | | | | | |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | | | | | | | | | |
| State withholding (Box 12) | | + | _____ | | | | | | | |
| Local withholding (Box 15) | | + | _____ | | | | | | | |
| Amount of rollover | | + | _____ | | | | | | | |
| Mark if distribution was due to a pre-retirement age disability | | | | | | | | | | |

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| | Control Totals + | |
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2016 Information

Prior Year Information

| | | | | | | | | | | |
|--|-------|---|-------|--|--|--|--|--|--|--|
| Taxpayer/Spouse (T, S) | | | | | | | | | | |
| Name of payer | _____ | | | | | | | | | |
| State postal code | _____ | | | | | | | | | |
| Gross distributions received (Box 1) | | + | _____ | | | | | | | |
| Taxable amount received (Box 2a) | | + | _____ | | | | | | | |
| Federal withholding (Box 4) | | + | _____ | | | | | | | |
| Distribution code (Box 7) | _____ | | | | | | | | | |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | | | | | | | | | |
| State withholding (Box 12) | | + | _____ | | | | | | | |
| Local withholding (Box 15) | | + | _____ | | | | | | | |
| Amount of rollover | | + | _____ | | | | | | | |
| Mark if distribution was due to a pre-retirement age disability | | | | | | | | | | |

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| | Control Totals + | |
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2016 Information

Prior Year Information

| | | | | | | | | | | |
|--|-------|---|-------|--|--|--|--|--|--|--|
| Taxpayer/Spouse (T, S) | | | | | | | | | | |
| Name of payer | _____ | | | | | | | | | |
| State postal code | _____ | | | | | | | | | |
| Gross distributions received (Box 1) | | + | _____ | | | | | | | |
| Taxable amount received (Box 2a) | | + | _____ | | | | | | | |
| Federal withholding (Box 4) | | + | _____ | | | | | | | |
| Distribution code (Box 7) | _____ | | | | | | | | | |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | | | | | | | | | |
| State withholding (Box 12) | | + | _____ | | | | | | | |
| Local withholding (Box 15) | | + | _____ | | | | | | | |
| Amount of rollover | | + | _____ | | | | | | | |
| Mark if distribution was due to a pre-retirement age disability | | | | | | | | | | |

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| | Control Totals + | |
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NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

| | 2016 Information | Prior Year Information |
|---|------------------|---|
| If you received a Form SSA - 1099, please complete the following information: | | |
| Net Benefits for 2016 (Box 3 minus Box 4) (Box 5) | + _____ [8] | <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; min-height: 100px;"> _____ _____ _____ </div> |
| Voluntary Federal Income Tax Withheld (Box 6) | + _____ [10] | |
| From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: | | |
| Medicare premiums | + _____ [12] | |
| Prescription drug (Part D) premiums | + _____ [14] | |

Tier 1 Railroad Benefits

| | 2016 Information | Prior Year Information |
|---|------------------|--|
| If you received a Form RRB - 1099, please complete the following information: | | |
| Net Social Security Equivalent Benefit: | | <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; min-height: 100px;"> _____ _____ </div> |
| Portion of Tier 1 Paid in 2016 (Box 5) | + _____ [22] | |
| Federal Income Tax Withheld (Box 10) | + _____ [25] | |
| Medicare Premium Total (Box 11) | + _____ [27] | |

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2016 or receive any prior year benefits in 2016. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

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

NOTES/QUESTIONS:

Traditional IRA

| | Taxpayer | Spouse |
|--|-----------------|---------------|
| Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N) | __ [1] | __ [2] |
| Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | __ [3] | __ [4] |
| Enter the total traditional IRA contributions made for use in 2016 | + _____ [5] | + _____ [6] |
| | | |
| | Taxpayer | Spouse |
| Enter the nondeductible contribution amount made for use in 2016 | + _____ [11] | + _____ [12] |
| Enter the nondeductible contribution amount made in 2017 for use in 2016 | + _____ [13] | + _____ [14] |
| Traditional IRA basis | + _____ [15] | + _____ [16] |
| Value of all your traditional IRA's on December 31, 2016: | | |
| _____ | + _____ [17] | + _____ [18] |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

Roth IRA

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

| | Taxpayer | Spouse |
|--|-----------------|---------------|
| Mark if you want to contribute the maximum Roth IRA contribution | __ [27] | __ [28] |
| Enter the total Roth IRA contributions made for use in 2016 | + _____ [29] | + _____ [30] |
| Enter the total amount of Roth IRA conversion recharacterizations for 2016 | + _____ [37] | + _____ [38] |
| Enter the total contribution Roth IRA basis on December 31, 2015 | + _____ [41] | + _____ [42] |
| Enter the total Roth IRA contribution recharacterizations for 2016 | + _____ [43] | + _____ [44] |
| Enter the Roth conversion IRA basis on December 31, 2015 | + _____ [45] | + _____ [46] |
| Value of all your Roth IRA's on December 31, 2016: | | |
| _____ | + _____ [47] | + _____ [48] |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

NOTES/QUESTIONS:

| | |
|--|--|
| | |
|--|--|

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2016 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2016 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2016 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2016 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2016 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2016 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2016 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2016 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2016 + _____ [16]

| |
|-------------------------------|
| Catch-up Contributions |
|-------------------------------|

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2016 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2016 + _____ [18]

| |
|---------------------------|
| Elective Deferrals |
|---------------------------|

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2016 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2016 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

2016 Information

Prior Year Information

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

Business Income

2016 Information

Prior Year Information

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

Cost of Goods Sold

2016 Information

Prior Year Information

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

Control Totals +

Schedule C - Expenses

Preparer use only

Principal business or profession _____

2016 Information

Prior Year Information

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

Preparer use only

Principal business or profession _____

| Preparer use only Carryovers | Regular | | AMT | |
|---|----------------|------|------------|------|
| Operating | + | [12] | + | [13] |
| Short-term capital | + | [14] | + | [15] |
| Long-term capital | + | [16] | + | [17] |
| 28% rate capital | + | [18] | + | [19] |
| Section 1231 loss | + | [20] | + | [21] |
| Ordinary business gain/loss | + | [22] | + | [23] |
| Section 179 | + | [24] | + | [25] |

NOTES/QUESTIONS:

Preparer use only

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

Rent and Royalty Income

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

Rent and Royalty Expenses

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

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

| | 2016 Information | Prior Year Information | |
|--|------------------|---|--|
| Refinancing points paid - | | | |
| Recipient's/Lender's name | _____ [93] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> | |
| Date of refinance | _____ | | |
| Total # Payments | _____ | | |
| Reported on 1098 in 2016 | _____ | | |
| Total points paid | _____ | | |
| Points deemed as paid in current year (Preparer use only) | _____ | | |
| Refinancing points paid - | | | |
| Recipient's/Lender's name | _____ | | |
| Date of refinance | _____ | | |
| Total # Payments | _____ | | |
| Reported on 1098 in 2016 | _____ | | |
| Total points paid | _____ | | |
| Points deemed as paid in current year (Preparer use only) | _____ | | |
| Refinancing points paid - | | | |
| Recipient's/Lender's name | _____ | | |
| Date of refinance | _____ | | |
| Total # Payments | _____ | | |
| Reported on 1098 in 2016 | _____ | | |
| Total points paid | _____ | | |
| Points deemed as paid in current year (Preparer use only) | _____ | | |

Vacation Home Information

| | 2016 Information | Prior Year Information |
|---|------------------|---|
| Number of days home was used personally | _____ [6] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Number of days home was rented | _____ [8] | |
| Number of day home owned, if not 366 | _____ [10] | |
| Carryover of disallowed operating expenses into 2016 | + _____ [20] | |
| Carryover of disallowed depreciation expenses into 2016 | + _____ [21] | |

Passive and Other Information

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

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

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

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

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

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

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

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

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|---------------------------|---|----------------|------------|
| Enter on K1T-3 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Comm revitalization | [26] | [27] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|---------------------------|---|----------------|------------|
| Enter on K1T-3 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Comm revitalization | [26] | [27] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|---------------------------|---|----------------|------------|
| Enter on K1T-3 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Comm revitalization | [26] | [27] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|---------------------------|---|----------------|------------|
| Enter on K1T-3 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Comm revitalization | [26] | [27] |

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

Exclusion Information

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

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

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Preparer use only

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

Sale Information

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

Form 4797, Part III - Recapture

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

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Preparer use only

| | | |
|----------------------------------|-------|------|
| Description of property given up | _____ | [4] |
| | _____ | [5] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [6] |
| State postal code | _____ | [7] |
| Description of property received | _____ | [10] |
| | _____ | [11] |

Date Information

| | | |
|---|-------|------|
| Date the like-kind property given up was acquired | _____ | [16] |
| Date you transferred your property to the other party | _____ | [17] |
| Date the like-kind property received was identified | _____ | [18] |
| Date you received the like-kind property from the other party | _____ | [19] |

Gain and Basis Information

| | | |
|---|---------|------|
| Fair market value of other property given up | + _____ | [20] |
| Adjusted basis of other property given up | + _____ | [21] |
| Cash received | + _____ | [22] |
| Fair market value of other (not like-kind) property received | + _____ | [23] |
| Installment obligation received in like-kind exchange | + _____ | [24] |
| Fair market value of like-kind property you received | + _____ | [25] |
| Fair market value of non-section 1245 property you received | + _____ | [26] |
| Liabilities, including mortgages, assumed by you | + _____ | [27] |
| Cash paid | + _____ | [28] |
| Adjusted basis of like-kind property given up | + _____ | [29] |
| Adjusted basis of like-kind property from pass through entity | | |
| Cost or other basis | + _____ | [30] |
| Depreciation allowed or allowable excluding Section 179 | + _____ | [31] |
| Section 179 expense deduction passed through | + _____ | [32] |
| Section 179 carryover | + _____ | [33] |
| Liabilities, including mortgages, assumed by the other party | + _____ | [34] |
| Exchange expenses incurred by you | + _____ | [35] |

Related Party Exchange Information

| | | |
|--|-------|------|
| Name of related party | _____ | [38] |
| Address of related party | _____ | [39] |
| City | _____ | [40] |
| State | _____ | [41] |
| Zip code | _____ | [42] |
| Identifying number of related party | _____ | [43] |
| Relationship to you | _____ | [44] |
| During this tax year, did the related party sell or dispose of the property received? (Y, N) | _____ | [45] |
| During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) | _____ | [46] |
| Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) | _____ | [47] |
| Mark if this exchange is a prior year like-kind exchange | _____ | [49] |

NOTES/QUESTIONS:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

| | 2016 Information | Prior Year Information |
|---|------------------|------------------------|
| Asset description | _____ [2] | [] |
| Asset identifying number or other designation | _____ [3] | |
| Date asset acquired | _____ [4] | |
| Date asset disposed | _____ [6] | |
| Asset jointly owned with spouse | _____ [7] | |
| Maximum value of asset | _____ [9] | |

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity:(P = Partnership, C = Corporation, T = Trust, E = Estate) _____ [14]
 Foreign entity name _____ [16]
 Foreign entity address _____ [17]
 City, state, zip code _____ [18] _____ [19] _____ [20]
 Foreign country code/name _____ [21] _____ [22]
 Foreign province/county _____ [23]
 Foreign postal code _____ [24]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____ [25]
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

NOTES/QUESTIONS:

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

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

__[1]

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

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

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

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

| | |
|--|--|
| Taxpayer/Spouse (T, S) <input type="checkbox"/> [1] | State postal code <input type="text"/> [3] |
| Foreign street address <input type="text"/> [4] | City <input type="text"/> |
| State/Province <input type="text"/> | Country code <input type="text"/> |
| Country <input type="text"/> | Postal code <input type="text"/> |
| Employer's name <input type="text"/> | |
| U.S. address <input type="text"/> [5] | City <input type="text"/> |
| State postal code <input type="text"/> | Zip code <input type="text"/> |
| Foreign street address <input type="text"/> [6] | City <input type="text"/> |
| State/Province <input type="text"/> | Country code <input type="text"/> |
| Country <input type="text"/> | Postal code <input type="text"/> |
| Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) If other, specify type <input type="text"/> [8] | |
| Country of citizenship <input type="text"/> [11] | |

If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:

| | | |
|-----------------------------------|---------------------------|--|
| City/Country <input type="text"/> | Days <input type="text"/> | |
| City/Country <input type="text"/> | Days <input type="text"/> | |

List tax home(s) during the tax year and dates established:

| | | |
|-------------------------------|---------------------------|--|
| Tax home <input type="text"/> | Date <input type="text"/> | |
| Tax home <input type="text"/> | Date <input type="text"/> | |

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information [16]

| Type Code* | Name of Country including United States | Date Arrived | Date Left | No. of U.S. business days |
|---|---|--|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Foreign days worked before and after foreign assignment <input type="text"/> [17] | | Total days worked before and after foreign assignment <input type="text"/> | | <input type="text"/> [18] |
| Total number of days worked during year (defaults to 240) | | | | <input type="text"/> [19] |

Bona Fide Residence Test

Date foreign residence began [21] Date foreign residence ended [22]

Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) [23]

If any family members lived abroad with you during any part of tax year, list who and for what period:

| | |
|-----------------------------------|------------------------------------|
| Relationship <input type="text"/> | Period abroad <input type="text"/> |
| Relationship <input type="text"/> | Period abroad <input type="text"/> |
| Relationship <input type="text"/> | Period abroad <input type="text"/> |
| Relationship <input type="text"/> | Period abroad <input type="text"/> |

Mark if you submitted a statement to foreign country authorities that you are not a resident of that country [25]

Mark if required to pay income tax to that country [26]

List any contractual terms or other conditions relating to length of employment abroad [27]

Type of visa used to enter foreign country [28]

Explanation if visa limited length of stay or employment [29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

| | |
|---|-----------------------------------|
| Address <input type="text"/> [30] | City <input type="text"/> |
| State postal code <input type="text"/> | Zip code <input type="text"/> |
| Rented <input type="checkbox"/> Occupant <input type="text"/> | Relationship <input type="text"/> |
| Address <input type="text"/> [30] | City <input type="text"/> |
| State postal code <input type="text"/> | Zip code <input type="text"/> |
| Rented <input type="checkbox"/> Occupant <input type="text"/> | Relationship <input type="text"/> |

Physical Presence Test

Principal country of employment [31]

Employer's name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

| | Allocation Code* | Amount |
|---|------------------------------|---------------------------------------|
| Noncash income: | | |
| Home (lodging) _____ | [10] ___ [11] + | _____ [12] |
| Meals _____ | [13] ___ [14] + | _____ [15] |
| Car _____ | [16] ___ [17] + | _____ [18] |
| Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____ | ___ [19] + + + + | _____ [20] _____ _____ _____ |
| Allowances, reimbursements or expenses paid on behalf: | | |
| Cost of living and overseas differential _____ | ___ [21] + | _____ [22] |
| Family _____ | ___ [23] + | _____ [24] |
| Education _____ | ___ [25] + | _____ [26] |
| Home leave _____ | ___ [27] + | _____ [28] |
| Quarters _____ | ___ [29] + | _____ [30] |
| Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____ | ___ [31] + + + + | _____ [32] _____ _____ _____ |
| Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____ | ___ [33] + + + + | _____ [34] _____ _____ _____ |
| Excludable meals and lodging under section 119 _____ | + _____ | _____ [35] |

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

| | Allocation Code* | Amount |
|----------------------------------|------------------|------------|
| Other allocable deductions _____ | ___ [36] + | _____ [37] |

Housing Exclusion/Deduction

| | | |
|---------------------------------|---------|------------|
| Qualified housing expense _____ | + _____ | _____ [47] |
|---------------------------------|---------|------------|

NOTES/QUESTIONS:

Preparer use only

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

NOTES/QUESTIONS:

Alimony Paid:

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

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

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. Savings bonds in 2016 that were issued after 1989, and you paid qualified higher education expenses in 2016 for yourself, your spouse, or your dependents.

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2016 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2016 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2016 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2016 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2016 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2016 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2016 + _____ [3]

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2016 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2016. The amounts reported by the lender may differ from the amounts you actually paid.

| TS | Qualified loan interest recipient/lender | 2016 Interest Paid | Prior Year Information |
|----|--|-----------------------|---------------------------|
| — | _____ | + _____ | [1] |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

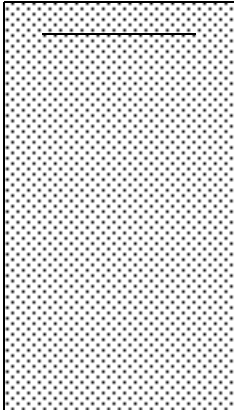
Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

**Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2016.
 Enter the amount actually paid during 2016.**

| | 2016 Information | Prior Year Information |
|--|------------------|--|
| Tuition paid (Enter only the amount actually paid) (Box 1) | + _____ [8] |  |
| Tuition billed (Enter only the amount actually paid) (Box 2) | _____ | |
| Educational institution changed its reporting method for 2016 (Box 3) | _____ | |
| Adjustments made for a prior year (Box 4) | _____ | |
| Scholarships or grants (Box 5) | _____ | |
| Adjustments to scholarships or grants for a prior year (Box 6) | _____ | |
| Box 1 or 2 includes amounts for an academic period beginning January - March 2017 (Box 7) | _____ | |
| At least half-time student (Box 8) | _____ | |
| Graduate student (Box 9) (1=Yes, 2=No) | _____ | |
| Insurance contract reimbursement/refund (Box 10) | _____ | |
| Non-Institution expenses (Books and fees not paid directly to the educational institution) | _____ | |
| American Opportunity Tax Credit (AOTC) disqualifier | _____ | |

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

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

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

Prior Year Information

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Payments from Qualified Education Programs

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

Prior Year Information

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NOTES/QUESTIONS:

Interest Expenses

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

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

| T/S/J | Payee's Name | SSN or EIN | 2016 Information | Prior Year Information |
|--|--------------|------------|------------------|------------------------|
| Other, such as: Home mortgage interest paid to individuals | | | | |
| [4] _____ | _____ | _____ | + | [5] _____ |
| Address _____ | | _____ | _____ | |
| City, state and zip code _____ | | _____ | _____ | |
| _____ | | _____ | + | |
| Address _____ | | _____ | _____ | |
| City, state and zip code _____ | | _____ | _____ | |

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2016 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2016 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2016 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2016 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2016 _____

| T/S/J | 2016 Information |
|---|------------------|
| Investment interest expense, other than on Schedule(s) K-1: | |
| [15] _____ | + _____ [16] |
| _____ | + |
| _____ | + |
| _____ | + |
| _____ | + |
| _____ | + |
| _____ | + |
| _____ | + |
| _____ | + |
| _____ | + |

Charitable Contributions

| T/S/J | | 2016 Information | Prior Year Information | | | | | | | | | | | | | | | |
|-------|---|------------------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Contributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to claim the contribution on your return. | | | | | | | | | | | | | | | | | |
| [2] | _____ | + _____ [3] | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| [5] | Volunteer miles driven _____ | _____ [6] | | | | | | | | | | | | | | | | |
| | Noncash items, such as: Goodwill/Salvation Army/clothing/household goods | | | | | | | | | | | | | | | | | |
| [8] | _____ | + _____ [9] | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
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| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |

Miscellaneous Deductions

| T/S/J | | 2016 Information | Prior Year Information | | | | | | | | | | | | | | | |
|-------|---|------------------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses | | | | | | | | | | | | | | | | | |
| [11] | _____ | + _____ [12] | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| | Union dues: | | | | | | | | | | | | | | | | | |
| [14] | _____ | + _____ [15] | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| [17] | Tax preparation fees _____ | + _____ [18] | | | | | | | | | | | | | | | | |
| | Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees | | | | | | | | | | | | | | | | | |
| [20] | _____ | + _____ [21] | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| [23] | Safe deposit box rental _____ | + _____ [24] | | | | | | | | | | | | | | | | |
| | Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT: | | | | | | | | | | | | | | | | | |
| [26] | _____ | + _____ [27] | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| | Other expenses, not subject to the 2% AGI limit: | | | | | | | | | | | | | | | | | |
| [30] | _____ | + _____ [31] | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |
| | Gambling losses: (Enter only if you have gambling income) | | | | | | | | | | | | | | | | | |
| [33] | _____ | + _____ [34] | | | | | | | | | | | | | | | | |
| — | _____ | + _____ | | | | | | | | | | | | | | | | |

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

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

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

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

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

NOTES/QUESTIONS:

Preparer use only

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

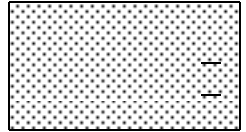
Vehicle Questions

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

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

2016 Information

Prior Year Information



Vehicle Information

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

Vehicles Actual Expenses

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

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Preparer use only

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

Business Use of Home

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

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

| | 2016 Information | | Prior Year Information |
|---|------------------|-------------------|--|
| | Direct Expenses | Indirect Expenses | |
| Mortgage interest: | + _____ [29] | + _____ [31] | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |
| Mortgage insurance premiums | + _____ [34] | + _____ [35] | |
| Real estate taxes: | + _____ [37] | + _____ [39] | |
| Excess mortgage interest and insurance premiums | + _____ [42] | + _____ [43] | |
| Insurance | + _____ [45] | + _____ [47] | |
| Rent | + _____ [51] | + _____ [52] | |
| Repairs & maintenance | + _____ [54] | + _____ [55] | |
| Utilities | + _____ [57] | + _____ [58] | |
| Other expenses, such as: Supplies & Security system | + _____ [60] | + _____ [61] | |
| _____ | + _____ | + _____ | |
| _____ | + _____ | + _____ | |
| _____ | + _____ | + _____ | |
| _____ | + _____ | + _____ | |
| _____ | + _____ | + _____ | |
| _____ | + _____ | + _____ | |
| _____ | + _____ | + _____ | |
| _____ | + _____ | + _____ | |
| Excess casualty losses | | + _____ [63] | |
| Carryovers: | | | |
| Operating expenses | | + _____ [64] | |
| Casualty losses | | + _____ [65] | |
| Depreciation | | + _____ [67] | |
| Business expenses not from business use of home, such as: | | | |
| Travel, Supplies, Business telephone expenses | | + _____ [68] | |
| Depreciation | | + _____ [72] | |

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____ [3]

Vehicles

| | | | |
|-------------|------------------------|-------|------|
| Vehicle 1 - | Date placed in service | _____ | [4] |
| | Description | _____ | [5] |
| | Comments | _____ | |
| Vehicle 2 - | Date placed in service | _____ | [9] |
| | Description | _____ | [10] |
| | Comments | _____ | |
| Vehicle 3 - | Date placed in service | _____ | [14] |
| | Description | _____ | [15] |
| | Comments | _____ | |
| Vehicle 4 - | Date placed in service | _____ | [19] |
| | Description | _____ | [20] |
| | Comments | _____ | |

Vehicle Questions

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

Vehicle Expenses

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

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

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

Part III Household Information -

| | A. 2016 Monthly Premium Amount | Prior Year Information | B. 2016 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) | C. 2016 Monthly Advance Payment of Premium Tax Credit | Prior Year Information |
|--------------|--------------------------------|------------------------|--|---|------------------------|
| January | + _____ [12] | | + _____ [25] | + _____ [38] | |
| February | + _____ [13] | | + _____ [26] | + _____ [39] | |
| March | + _____ [14] | | + _____ [27] | + _____ [40] | |
| April | + _____ [15] | | + _____ [28] | + _____ [41] | |
| May | + _____ [16] | | + _____ [29] | + _____ [42] | |
| June | + _____ [17] | | + _____ [30] | + _____ [43] | |
| July | + _____ [18] | | + _____ [31] | + _____ [44] | |
| August | + _____ [19] | | + _____ [32] | + _____ [45] | |
| September | + _____ [20] | | + _____ [33] | + _____ [46] | |
| October | + _____ [21] | | + _____ [34] | + _____ [47] | |
| November | + _____ [22] | | + _____ [35] | + _____ [48] | |
| December | + _____ [23] | | + _____ [36] | + _____ [49] | |
| Annual total | + _____ [24] | + _____ [37] | + _____ [50] | | |

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

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

Part III Household Information -

| | A. 2016 Monthly Premium Amount | Prior Year Information | B. 2016 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) | C. 2016 Monthly Advance Payment of Premium Tax Credit | Prior Year Information |
|--------------|--------------------------------|------------------------|--|---|------------------------|
| January | + _____ [12] | | + _____ [25] | + _____ [38] | |
| February | + _____ [13] | | + _____ [26] | + _____ [39] | |
| March | + _____ [14] | | + _____ [27] | + _____ [40] | |
| April | + _____ [15] | | + _____ [28] | + _____ [41] | |
| May | + _____ [16] | | + _____ [29] | + _____ [42] | |
| June | + _____ [17] | | + _____ [30] | + _____ [43] | |
| July | + _____ [18] | | + _____ [31] | + _____ [44] | |
| August | + _____ [19] | | + _____ [32] | + _____ [45] | |
| September | + _____ [20] | | + _____ [33] | + _____ [46] | |
| October | + _____ [21] | | + _____ [34] | + _____ [47] | |
| November | + _____ [22] | | + _____ [35] | + _____ [48] | |
| December | + _____ [23] | | + _____ [36] | + _____ [49] | |
| Annual total | + _____ [24] | + _____ [37] | + _____ [50] | | |

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

| | 2016 Information | Prior Year Information |
|--|-------------------------|---|
| Taxpayer/Spouse (T, S) | _____ [1] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Name of Trustee _____ | _____ [4] | |
| State postal code _____ | _____ [2] | |
| Indicate type of health or medical savings account: | | |
| HSA | _____ [6] | |
| Archer MSA | _____ [7] | |
| MA (Medicare Advantage) MSA | _____ [9] | |
| Total HSA/MSA contributions made | | |
| for 2016 (Enter all amounts contributed, including through employer cafeteria plans) | + _____ [10] | |
| Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) | _____ [12] | |
| Number of months in qualified high deductible health plan in 2016 | _____ [13] | |
| Mark if you want to contribute the maximum allowable health or medical savings account contribution amount | _____ [14] | |
| Total HSA/MSA contribution to be made for 2016 | + _____ [15] | |
| Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) | + _____ [16] | |
| Excess contributions for 2015 taken as constructive contributions for 2016 | + _____ [19] | |
| Rollover contribution (Form 5498-SA, Box 4) | + _____ [21] | |

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

| | | |
|--|--------------|---|
| Amount of annual deductible | + _____ [24] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Enter compensation from employer maintaining high deductible health plan | + _____ [27] | |
| If self-employed, enter earned income from business under which plan was established | + _____ [31] | |

Complete this section if your account is an HSA

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

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

| | 2016 Information | Prior Year Information |
|---|------------------|---|
| Taxpayer/Spouse (T, S) | ____ [1] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Name of Trustee _____ | ____ [4] | |
| State postal code _____ | ____ [2] | |
| Gross distributions received (Box 1) | + _____ [7] | |
| Earnings on excess contributions (Box 2) | + _____ [9] | |
| Distribution code (Box 3) | ____ [11] | |
| Fair Market Value on date of death (Box 4) | + _____ [12] | |
| Box 5 - | | |
| HSA | ____ [13] | |
| Archer MSA | ____ [14] | |
| MA MSA | ____ [15] | |
| All distributions were used to pay unreimbursed qualified medical expenses | ____ [17] | |
| If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2016 | + _____ [19] | |
| Withdrawal of excess contributions by the due date of the return | + _____ [21] | |
| Amount of distribution rolled over for 2016 | + _____ [23] | |
| If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer | + _____ [26] | |
| If MA (Medicare Advantage) MSA, enter value of account on 12/31/15 | + _____ [27] | |
| For HSA accounts: | | |
| Was the high deductible health plan coverage started in 2015 and in effect for the month of December 2015? (Y, N) | ____ [29] | |
| Was the high deductible health plan coverage ended before 12/31/16? (Y, N) | ____ [30] | |

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

| | 2016 Information | Prior Year Information |
|---|------------------|---|
| Name of the insured chronically ill individual _____ | ____ [39] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Social security number of insured _____ | ____ [40] | |
| Gross long-term care (LTC) benefits paid (Box 1) | + _____ [42] | |
| Accelerated death benefits paid (Box 2) | + _____ [44] | |
| Check one (Box 3) | | |
| Per diem | ____ [46] | |
| Reimbursed amount | ____ [47] | |
| Qualified contract (Box 4) | ____ [48] | |
| Check, if applicable (Box 5) | | |
| Chronically ill | ____ [49] | |
| Terminally ill | ____ [50] | |
| Are there other individuals who received LTC payments during 2016? (Y, N) | ____ [52] | |
| If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) | ____ [53] | |
| Number of days during the long-term care period _____ | ____ [54] | |
| Cost incurred for qualified long-term care services during the long-term care period | + _____ [55] | |

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

2016 Information

Prior Year Information

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

Prior Year Information

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

2016 Information

Prior Year Information

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

Prior Year Information

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

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

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

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

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

Social Security Tax on Unreported Wages

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

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

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

**** Reason Codes**

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

Children's Interest Income

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

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

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

****Interest Codes**

Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

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

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

****Dividend Codes**

Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:

| | | | |
|--|---|--|----------------|
| | + | | |
| | + | | _____ _____ |

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

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

Federal Unemployment (FUTA) Tax

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

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

NOTES/QUESTIONS:

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

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

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

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

Purchase price of the home _____ [6]

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

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

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

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

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

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

Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2016 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

| | Taxpayer | Spouse |
|--|-------------|-------------|
| 2015 employer-provided dependent care benefits used during 2016 grace period | + _____ [3] | + _____ [4] |
| Employer-provided dependent care benefits that were forfeited in 2016 | + _____ [5] | + _____ [6] |
| Total qualified expenses incurred in 2016 | | _____ [9] |
| Were you or your spouse a full time student or disabled? (Yes or No) | _____ [10] | _____ [11] |
| Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N) | | _____ [12] |

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2016 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2016 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2016 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2016 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2016 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Credit For The Elderly or Disabled

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

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

NOTES/QUESTIONS:

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

| | | | |
|--|---|-------|------|
| Taxpayer/Spouse/Joint (T, S, J) | | __ | [1] |
| Were the costs incurred made to your main home located in the United States? (Y, N) | | __ | [2] |
| Were the costs incurred related to the construction of your main home located in the United States? (Y, N) | | __ | [3] |
| Enter the total amount of costs for insulation material or system to reduce heat loss or gain | + | _____ | [5] |
| Enter the total amount of costs for exterior windows | + | _____ | [7] |
| Enter the total amount of costs for exterior doors | + | _____ | [9] |
| Enter the total amount of costs for qualified metal roofs | + | _____ | [11] |
| Enter the total amount of costs for energy-efficient building property | + | _____ | [6] |
| Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers | + | _____ | [8] |
| Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace | + | _____ | [10] |
| Enter the total amount of costs for qualified solar electric property | + | _____ | [12] |
| Enter the total amount of costs for qualified solar water heating property | + | _____ | [14] |
| Enter the total amount of costs for qualified small wind energy property | + | _____ | [16] |
| Enter the total amount of costs for qualified geothermal heat pump property | + | _____ | [13] |
| Enter the total amount of costs for qualified fuel cell property | + | _____ | [15] |
| Enter the total amount of kilowatt capacity of the qualified fuel cell property | | _____ | [17] |

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2016.

Preparer use only

Description _____ [3]
 Taxpayer/Spouse (T, S) _____ [9]
 Category of income* _____ [11]
 Description of income _____ [12]

| *Category of Income | |
|-----------------------------|---|
| A = Passive category income | D = Certain income re-sourced by treaty |
| B = General category income | E = Lump-sum distributions |
| C = Section 901(j) income | |

Foreign Income or Loss

Country code _____ [19]
 Country name _____ [20]

| | Regular | AMT, if different |
|------------------------------|--------------|-------------------|
| Foreign gross income | + _____ [23] | + _____ [24] |
| Definitely related expenses: | | |
| _____ | + _____ [31] | + _____ [32] |
| _____ | + _____ | + _____ |
| _____ | + _____ | + _____ |
| _____ | + _____ | + _____ |
| Foreign source losses | + _____ [45] | + _____ [46] |

Foreign Taxes Paid or Accrued

| | | |
|--|--|--------------|
| Foreign taxes paid or accrued: | | |
| Date paid or accrued | | _____ [47] |
| In foreign currency - taxes withheld on: | | |
| Dividends | | + _____ [48] |
| Rents & royalties | | + _____ [49] |
| Interest | | + _____ [50] |
| Other foreign taxes | | + _____ [51] |
| In US dollars - taxes withheld on: | | |
| Dividends | | + _____ [53] |
| Rents & Royalties | | + _____ [54] |
| Interest | | + _____ [55] |
| Other foreign taxes | | + _____ [56] |

NOTES/QUESTIONS: