Great Lakes CPA's 27865 Clemens Rd Ste. 1 Westlake, OH 44145-1167 440-871-3724

January 2017

Please enter 2016 information on the Tax Organizer pages provided. Please do not include any of the pages that do not apply and you have left blank.

We encourage you to mail, fax 440-871-5419, e-mail admin@askacpa.com, or picture text 440-490-7363 all of your documents along with the Tax Organizer as soon as they are received!

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

The IRS does not send out unsolicited emails requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov. The IRS also does not make phone calls requesting personal information or threaten legal action if immediate payment is not received. If you are unsure, please call our office regarding any contact with the IRS or any other taxing agencies requesting personal information.

Thank you for the opportunity to serve you!

Sincerely,

Great Lakes CPA's

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year? If yes, explain:	р	р
Did your address change from last year?	р	р
Can you be claimed as a dependent by another taxpayer?	p	р
Did you change any bank accounts, or did routing transit numbers (RTN) and/or	•	•
bank account number change for existing bank accounts that have been used		
to direct deposit funds from the IRS or other taxing authority during the year?	р	р
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been		
a victim of identity theft? If yes, attach the IRS letter.	р	р
Dependent Information		
Were there any changes in dependents from the prior year?	þ	р
If yes, explain:		
unearned income in excess of \$2,100?	р	р
Do you have dependents who must file a tax return?	p	р
Did you provide over half the support for any other person(s) other than your	-	
dependent children during the year?	р	р
Did you pay for child care while you worked or looked for work?	р	р
Did you pay any expenses related to the adoption of a child during the year?	р	р
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	р	р
Did you acquire a new or additional interest in a partnership or S corporation?	р	р
Did you sell, exchange, or purchase any real estate during the year?	р	р
Did you acquire or dispose of any stock during the year?	р	р
Did you take out a home equity loan this year?	þ	р
Did you refinance a principal residence or second home this year?	þ	þ
Did you sell an existing business, rental, or other property this year? Did you have any debts canceled or forgiven this year, such as a home mortgage or	р	р
student loan(s)?	р	р
	•	•
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly	n	n
or indirectly, such as from investment accounts, partnerships or a foreign employer? Did you receive any unemployment benefits during the year?	-	p
Did you receive any disability income during the year?	р р	р р
Did any of your life insurance policies mature, or did you surrender any policies?	p	þ
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	p	р
Do you expect a large fluctuation in income, deductions, or withholding next year?	þ	р
Retirement Information		
Are you an active participant maiking contributions in a pension or retirement plan?	p	р
Did you receive any Social Security benefits during the year?	p	р
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k),	•	•
or other qualified retirement plan?	р	р
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP,		
401(k), or other qualified retirement plan?	р	р

Education Information		
Did you, your spouse, or your dependents attend a post-secondary school		
during the year, or plan to attend one in the coming year?	р	р
Did you have any educational expenses during the year on behalf of yourself,		
your spouse, or a dependent?	р	р
Did anyone in your family receive a scholarship of any kind during the year?	р	р
Did you make any contributions or withdrawals to/from an education savings or		
529 Plan account?	р	р
Did you pay any student loan interest this year?	р	р
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	р	р
Did you make any contributions to an education savings or 529 Plan account?	р	р
Health Care Information		
******* VERY IMPORTANT*******	`	
Please include a copy of all received Form(s) 1095 (A, B or C)	
Did you have health insurance for all 12 months of 2016?		р
o .		•
If no: How many months?		
Did you make any contributions to a Health savings account (HSA) or Archer MSA	? p	р
Did you receive any distributions from a Health savings account (HSA), Archer		
MSA, or Medicare Advantage MSA this year?	р	р
Did you pay long-term care premiums for yourself or your family?	р	р
temized Deduction Information		
Did you incur a casualty or theft loss or any condemnation awards during the year?	р	р
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	р	р
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)	? p	р
If yes, please provide evidence such as a receipt from the donee organization, a		
canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C	_	-
or other written acknowledgement from the donee organization.	р	р
Do you have any unreimbursed expenses due to your employment? If yes, please	р	р
please provide information. Did you work out of town for part of the year?	n	n
Did you have any expenses related to seeking a new job during the year?	p	р
Did you make any major purchases during the year (cars, boats, etc.)?	р	р
Did you make any major purchases during the year (cars, boats, etc.)? Did you make any out-of-state purchases (by telephone, internet, mail, or in person)	р	р
for which the seller did not collect state sales or use tax?		n
for which the sener did not conect state sales of use tax:	р	р
Miscellaneous Information		
Did you make gifts of more than \$14,000 to any individual?	р	р
Did you utilize an area of your home for business purposes?	р	р
Did you retire or change jobs this year?	р	р
Did you pay any individual as a household employee during the year?	р	р
Did you make energy efficient improvements to your main home this year?	р	р
Did you receive a distribution from, or were you a grantor or transferor for a foreign		
trust?	р	р
Did you have a financial interest in or signature authority over a financial account		
such as a bank account, securities account, or brokerage account, located in a		

foreign country?	р	n
Do you have any foreign financial accounts, foreign financial assets, or hold		р
interest in a foreign entity? Do you want to designate \$3 to the Presidential Election Campaign Fund? If you	р	р
check yes, it will not change your tax or reduce your refund.	р	р

Form ID: 1040		Person	al Informat	ion			1
Filing (Marital) s	tatus code (1 = Single, 2 = Married filing jo	int, 3 = Married filing separa	te, 4 = Head of hous	sehold, 5 = Qua	llifying widow(er))		[1]
Mark if you were	e married but living apart all year						[2]
Mark if your nor	resident alien spouse does not hav	e an Individual Taxpa	ayer Identification	on Number	(ITIN)		[3]
			Taxpayer			Spouse)
Social security i	number			[4]	_	·	[5]
First name				[6]			[7]
Last name				[8]			[9]
Occupation				[10]			[11]
Designate \$3.00	to the presidential election campa	ign fund? $(1 = Yes, 2 = N)$	o, 3 = Blank)	2 [12]			[14]
-	ent of another taxpayer			[15]			[16]
	ncome less than 1/2 support age 18	or 19 - 23 full-time st	tudent? (Y, N)	[17]			
Mark if legally b	lind			[20]			[21]
Date of birth		_		[22]			[24]
Date of death		_		[26]			[27]
-	elephone number/ext number		[28]	[29]		[30]	[31]
_	elephone number			[32]			[33]
Do you authoriz	e us to discuss your return with the			[34]			
		Present	Mailing Add	dress			
Address							[38]
Apartment num	per						[39]
City, state posta	Il code, zip code				[40]	[41]	[42]
Foreign country							[44]
Foreign phone i							[47]
In care of addre	ssee						[48]
		Depende	ent Informa	tion			
	(*Ple	ase refer to Depend			hottom)		Care
	(400 10101 to 20poila	on: 00000 100	atou at tiio	<i></i>	Months*** Dep	expenses
First Name	[49] Last Name	Date of Birth	Social Secu	ritv No.	Relationship	in Codes home * **	paid for dependent
				•	•		•
	ho lived with you but is not your de	pendent					[50]
Social security i	number of qualifying person						[51]
		Dep	endent Codes				
*Basic	1 = Child who lived with you	-1-	**Other		ent (Age 19 - 23)		
	2 = Child who did not live with y	ou .			oled dependent		
	3 = Other dependent				ndent who is both a	student and disable	ed
	5 = Qualifying child for Earned	ncome Credit only		•			
	6 = Children who lived with you	, but do not qualify f	or Earned Inc	ome Credit	:		
	7 = Children who lived with you						
	8 = Children who lived with you	, but do not qualify f	or Child Tax C	Credit or Ea	rned Income Credit		
***Months	77 = Reported on odd year retur	'n					
	88 = Reported on even year retu	ırn					
	99 = Not reported on return						
1							

Form ID: Info	Client Contact Information	2
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Bla	ank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address Spouse email address		[9] [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]

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

Form ID: Bank

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.

Primary account: Financial institution routing transit number					
Financial institution routing transit number					
3					[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 spo	use names are on the ac	count)			_[6]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction	on of the United States)				_[7]
Enter the maximum dollar amount, or percentage of total refund	Dollar		_[8] o	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 spo	use names are on the ac	count)			_[28]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction)		,			_[29]
Enter the maximum dollar amount, or percentage of total refund	Dollar		[10] c	r Percent (xxx.xx)	_[11]
Enter the maximum doubt amount, or personage or total relation	Donai		_[10]	T CICCIII (XXX.XX)	[11]
Secondary account #2:					
Financial institution routing transit number					[20]
Name of financial institution					[30]
Your account number					[31]
					[32]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		0			_[33]
Mark if married filing jointly and this is a joint account (Both taxpayer and spo		count)			_[34]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction					_[35]
Enter the maximum dollar amount, or percentage of total refund	Dollar		_[14] o	r Percent (xxx.xx)	[15]
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make			k or financi	al 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 to purchase U.S. Series I Savings bonds (in increments of \$50) with you	_	-		-	
Please note you may enter only one name per registration (with excep name, do not use nicknames.		ing joint returns)	-	_	
Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real the bonds will be registered to the name(s) on the return. For married filing joint returns this means	tion of married fill	e used to purchas	and mu	st enter the party	
Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real the bonds will be registered to the name(s) on the return. For married filing joint returns this mean to register the bonds separately, leave these fields blank and use the fields provided below.	tion of married fill	e used to purchas	and mu	st enter the party	's given
Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real the bonds will be registered to the name(s) on the return. For married filing joint returns this means	tion of married fill	e used to purchas	and mu	st enter the party	
Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real three thr	efund you would lik	e used to purchas	and mu	st enter the party	's given
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Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real The bonds will be registered to the name(s) on the return. For married filing joint returns this meas 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 Bond information for someone other than taxpayer and spouse, if married fill Maximum dollar amount (up to \$5,000), or percentage of refund used to percentage of refund	efund you would lik ans the bonds will be regi	e used to purchas stered in both names lis Dollar Dollar	and mu	st enter the party	's given[13]
Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real The bonds will be registered to the name(s) on the return. For married filing joint returns this meas 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 Bond information for someone other than taxpayer and spouse, if married fill Maximum dollar amount (up to \$5,000), or percentage of refund used to power's name (First Last)	efund you would lik ans the bonds will be regi	e used to purchas stered in both names list Dollar Dollar [37]	and muse bonds sted on the	return. or Percent (xxx.xx)	's given[13][17][38]
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Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real The bonds will be registered to the name(s) on the return. For married filing joint returns this meas 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 Bond information for someone other than taxpayer and spouse, if married fill Maximum dollar amount (up to \$5,000), or percentage of refund used to power's name (First Last)	efund you would lik ans the bonds will be regi	e used to purchas stered in both names list Dollar Dollar [37]	and muse bonds sted on the	return. or Percent (xxx.xx)	's given[13][17][38]
Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of resulting the transfer of the bonds will be registered to the name(s) on the return. For married filing joint returns this meas 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 Bond information for someone other than taxpayer and spouse, if married filed Maximum dollar amount (up to \$5,000), or percentage of refund used to provide the provided below. Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary	efund you would like and the bonds will be regined the bonds will be regined the bonds will be regined to bourchase bonds	e used to purchas stered in both names list Dollar Dollar [37]	and muse bonds sted on the	return. or Percent (xxx.xx)	's given [13] [17] [38] [40]
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Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real the bonds will be registered to the name(s) on the return. For married filling joint returns this mear 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 Bond information for someone other than taxpayer and spouse, if married fill Maximum dollar amount (up to \$5,000), or percentage of refund used to provide the name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, if married fill Maximum dollar amount (up to \$5,000), or percentage of refund used to provide the provided to provide the provided that the provided to provide the provided to provided the provided to provide the provided to provided the provided to provide the provided to provided the provided to provided	efund you would like ans the bonds will be regined the bonds will be regined the bonds will be regined to bonds.	e used to purchas stered in both names list Dollar Dollar [37] [39]	and mu se bonds sted on the [12] [16]	return. or Percent (xxx.xx) or Percent (xxx.xx)	's given [13] [17] [38] [40] [41] [21] [43] [45]
Please note you may enter only one name per registration (with except name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of real three transports and the provided below. The bonds will be registered to the name(s) on the return. For married filing joint returns this meat 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 Bond information for someone other than taxpayer and spouse, if married filed Maximum dollar amount (up to \$5,000), or percentage of refund used to provide the name listed above is a beneficiary. Bond information for someone other than taxpayer and spouse, if married filed Maximum dollar amount (up to \$5,000), or percentage of refund used to provide the name (First Last). Owner's name (First Last)	efund you would like ans the bonds will be regined the bonds will be regined the bonds will be regined to bonds.	e used to purchas stered in both names list Dollar Dollar [37] [39] Dollar [42]	and mu se bonds sted on the [12] [16]	return. or Percent (xxx.xx) or Percent (xxx.xx)	's given [13] [17] [38] [40] [41] [21] [43]

General

Form ID: IDAuth	Identity Authentication	5
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]

Form ID: Est	Estimated Taxes	6
	ayment of 2016 taxes, do you want the excess:	_
Refunded	7 actimated toy liability	[52]
	7 estimated tax liability siderable change in your 2017 income? (Y, N)	[53]
If yes, please explain		[54]
yoo, prodee explain.		[55]
		[56]
		[57]
		[58]
	siderable change in your deductions for 2017? (Y, N)	[59]
If yes, please explain	any differences:	[00]
		[60] [61]
		[62]
		[63]
	siderable 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 chan-	nge in the number of dependents claimed for 2017? (Y, N)	[69]
If yes, please explain	any differences:	
		[70]
		[71]
		[72]
Mark if you use the Flo	lectronic Federal Tax Payment System (EFTPS) to pay your estimated taxes	[73] [74]
Mank ii you doo iilo Li		— [, -,
	2016 Federal Estimated Tax Payments	
2045		
	polied to 2016 estimates +	[1]
wark ii you paid the ca	calculated amounts on the dates due indicated below. Skip the remaining fields.	[5]
If your estimated payn	ments were not made on the date due or were for an amount other than the calculated amount below, please enter	
the actual date and an	•	
	Date Due Date Paid if After Date Due Amount Paid Calculated Amount Method	i*
1st quarter payment	4/18/16[6] +[7]	— I
2nd quarter payment 3rd quarter payment	· · · · · · · · · · · · · · · · · · ·	— I
4th quarter payment	9/15/16[10] +[11]	— I
Additional payment	[14] + [15]	— I
	*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/QUESTIC	ONS:	

Payments

Form ID: Est

Control Totals +

Form ID: St Pmt		2016 State E	stim	ated Tax Payments			7
Taxpayer/Spouse/Joint (T, s State postal code	S, J)						_[1] [2]
Amount paid with 2015 reto 2015 overpayment applied Treat calculated amounts a	to '16 estimates					+	[3] [4] _[8]
	Date Paid			Amount		Calculated Amo	ount_
	[9]			+		1	— I
	[11] [13]			+			
	[15]			+	[16]		
	[17]			+	[18]		
		2016 City Es	stima	ated Tax Payments			
	City #1				City #2		
City name			[28]	City name			[50]
Amount paid with 2015 ret			[31]	Amount paid with 2015 i		+	
2015 overpayment applied			_[32]	2015 overpayment appli		+	[54]
Treat calculated amounts a	as paiu	•	_[36]	Treat calculated amount	is as paid		_[58]
	Date Paid	Amount Paid			Date Paid	Amount Paid	
1st quarter payment	[37] +		[38]	1st quarter payment	[59]	+	[60]
2nd quarter payment			[40]	2nd quarter payment	[61]	+	
3rd quarter payment			_ [42]	3rd quarter payment	[63]	+	[64]
4th quarter payment	[43] +		[44]	4th quarter payment	[65]	+	[66]
	Calculated Amount				Calculated Amoun	.	
1st quarter payme				1st quarter payr		•	٦ .
2nd quarter payme				2nd quarter pay			
3rd quarter payme				3rd quarter payr			
4th quarter payme	nt			4th quarter payr	ment		J
	City #3				City #4		
City name			_ [72]	City name			[94]
Amount paid with 2015 ret			_ [75]	Amount paid with 2015 i		+	[97]
2015 overpayment applied Treat calculated amounts a			[76]	2015 overpayment appli Treat calculated amount		+	[98]
rreat calculated amounts a	as paid	,	_ [80]	rreat calculated amount	is as paid		_[102
	Date Paid	Amount Paid			Date Paid	Amount Paid	
1st quarter payment	[81] +		[82]	1st quarter payment	[103]	+	[104
2nd quarter payment			[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				Calculated Amoun	•	
1st quarter payme				1st quarter payr		-	٦
2nd quarter payme				2nd quarter pay			
3rd quarter payme				3rd quarter payr	· · · · · · · · · · · · · · · · · · ·		
4th quarter payme	nt			4th quarter payr	ment		

Please prov	ride 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 = Farmin	ng / 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		
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]	

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2. **Prior Year Information** 2016 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) Social security tax withheld (Box 4) [16] Medicare wages (Box 5) (If different than federal wages) [18] Medicare tax withheld (Box 6) SS tips (Box 7) Allocated tips (Box 8) [25] Dependent care benefits (Box 10) 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) Name of locality (Box 20) [43]

Control Totals +	

Income

Form ID: W2

11

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

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

T/S/J	Type Code (**See o	odes b	elow)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer				_			
			Amounts	+						
		2	Payer			r		Γ	,	
			Amounts	+						
		3 -	Payer			Γ	1		ı	
		4	Amounts	+						
		4	Payer	<u> </u>		<u> </u>	<u> </u>		<u> </u>	
		+	Amounts	*						
		5	Payer	+			1		l	
			Amounts				<u> </u>		l	
		6	Payer Amounts	+						
		Payor				1				
		7	Amounts	+						
		8 -	Payer							
		_	Amounts	+						
	9	9	Payer			T	1			
		4	Amounts	+						
	10	10	Payer			Ι	ī		Ι	
			Amounts	+						

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

	1	1
Control Totals	ITNGOMO	Farm ID. D.4
Control Totals +	Income	Form ID: B-1

Dividend Income

12

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 Ty J Co		See cod	les 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
			Payer												
	1		Amounts	+											
			Payer												
	2		Amounts	+											
	╛	L	Payer												_
	3		Amounts	+											
	⅃.	L	Payer												
	4		Amounts	+											
\perp	_	L	Payer												
	Į,		Amounts	+											
Щ	_ 6	Ĺ	Payer												
	Ļ		Amounts	+											
Ш	٦,	, L	Payer												
			Amounts	+											
Ш	- 8	, L	Payer												
	Ļ		Amounts	+											
	_ ,	, L	Payer		<u> </u>										
	Ļ		Amounts	+											
		$_{\circ}$ \vdash	Payer		<u> </u>										
	, i		Amounts	+											

	**Dividend Codes		
Blank - Othor		2 - Nominos	

		_
		1
Control Totals +	Thaoma	Form ID: B-2
Control rotals +	I Income	FUIII ID. D-Z

Form ID: D	Form ID: D Sales of Stocks, Securities, and Other Investment Property					
Please provide copies of all Forms 1099-B and 1099-S Did you have any securities become worthless during 2016? (Y, N) Did you have any debts become uncollectible during 2016? (Y, N) Did you have any commodity sales, short sales, or straddles? (Y, N) Did you exchange any securities or investments for something other than cash? (Y, N)						
T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale) +	Cost or Other Basis	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	
				+	+	

Form ID: InfoD

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_					
-					
_					
_					
_					
_					
					<u> </u>
					<u> </u>
_		_			
					
_					
_		_			
					<u> </u>
_					
NOTES/Q	UESTIONS:				

		2016 In	formation	Prior Year Information
State and local income to	ax refunds		+	[1]
		Taxpayer	Spouse	
Alimony received				[4]
Unemployment compens	action	+[3]		
		+[8]		
Unemployment compens		+[8]		
Unemployment compens	sation state withholding	+[8]	+	[9]
Unemployment compens	sation repaid	+[11]	+	[12]
Alaska Permanent Fund	dividends	+[17]		
Self- Employment Income ? T/S/J (Y, N)	Other income, such as: Comr	missions, Jury pay, Director fees	2016 Information s, Taxable scholarships	Prior Year Information
			+	[14]
			+	
			+	
			+	
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Control Totals +	Income	Form ID: Income
Control rotato :	1 11001110	1 01111 121 111001110

Form ID: 1099M Misce	ellaneous Income #1	16a
Please pr	rovide 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 (B	•	[29]
Crop Insurance proceeds (Box 10)		[31]
Excess golden parachute payments (Box 13)		[36]
Gross proceeds paid to an attorney (Box 14) Section 409A deferrals (Box 15a)		[38] [40]
Section 409A income (Box 15b)	<u>. </u>	
State tax withheld (Box 16)	<u> </u>	[42] [44]
State/Payer's state no. (Box 17)	T	[44]
State income (Box 18)	+	[46] [47]
Glate income (Box 10)	' -	[47]
	Control Totals +	
	<u> </u>	
Misce	ellaneous Income #2	
Please pr	rovide 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) Fishing boat proceeds (Box 5)		[19]
Medical and health care payments (Box 6)		[21]
Nonemployee compensation (Box 7)		[23] [25]
Substitute payments in lieu of dividends or interest (Box 8)	<u>+</u>	[25] [27]
Payer made direct sales of \$5,000 or more of consumer products (B	30x 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:		

Form ID: 1099M

Form ID: 1099C	Cancellation of Debt, Abandonment #	1 17			
	Please provide all Forms 1099-C and 109	9-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	N 10	(c)			
State postal code	,, J)	[5] [6]			
Name of creditor/lender		[3]			
	Form 1099-C Cancellation of Debt				
Date of identifiable event (I	•	[10]			
Amount of debt discharged		+[11]			
Interest if included in box 2	nent of the debt (if checked) (Box 5)	+[12]			
	(X 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E =	[13]			
(20	F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment te				
Fair market value of proper		+[15]			
	Form 1099-A Acquisition or Abandonment of Secured	Property			
•	or knowledge of abandonment (Box 1)	[16]			
Balance of principal outsta	- · · · · · · · · · · · · · · · · · · ·	+[17]			
Fair market value of proper	rty (Box 4) nent of the debt (if checked) (Box 5)	+[18]			
Personally liable for repayr	ment of the debt (if checked) (Box 3)	_[19]			
	Control Totals +				
	Cancellation of Debt, Abandonment #	₄₂			
	•				
	Please provide all Forms 1099-C and 109 Preparer use only	9-A			
Enter a brief description of	the debt (i.e. type of debt) and why it was canceled to assist in determining	tax ramifications:			
		[51]			
Taynayar/Chausa/Jaint /T	2.0	(6)			
Taxpayer/Spouse/Joint (T, S State postal code	5, J)	^[5] [6]			
Name of creditor		[3]			
	Form 1099-C Cancellation of Debt				
Date of identifiable event (I	3ox 1)	[10]			
Amount of debt discharged	(Box 2)	+[11]			
Interest if included in box 2		+[12]			
	nent of the debt (if checked) (Box 5)	_[13]			
Identifiable event code (Bo	(X 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E =				
Cair market value of prese	F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment te	_· ·			
Fair market value of proper		+[15]			
Date of lender's acquisition	Form 1099-A Acquisition or Abandonment of Secured or knowledge of abandonment (Box 1)				
Balance of principal outsta		[16] + [17]			
Fair market value of proper		+ [18]			
Personally liable for repayment of the debt (if checked) (Box 5)					
	Control Totals +				

Form ID: 1099C

Foreign Employer Compensation

21

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

Taxpayer/Spouse (T/S) State		[3] [4]
Foreign Employer Identification (ID) number		[1]
Foreign Employer Name		[2]
Foreign Employer Address		
Foreign street address		[6]
Foreign city		
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 Street address City, state, zip code Foreign country code/name Foreign province/county Foreign postal code	[14]	[13] [15] [16] [18] [19] [20]
Income		
	2016 Information	Prior Year Information
Foreign employer compensation	[22]	

Form ID: 1099R Pension, Annu	uity, and IRA Distributions #1	22
•	provide all Forms 1099-R.	
	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Name of payer	[3]	
State postal code	[5]	
Gross distributions received (Box 1)	+[7]	
Taxable amount received (Box 2a)	+[9]	
Federal withholding (Box 4)	+[11]	
Distribution code (Box 7)	_[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_[16]	
State withholding (Box 12)	+[17]	
Local withholding (Box 15)	+[19]	
Amount of rollover	+[21]	
Mark if distribution was due to a pre-retirement age disability	_[23]	
	Control Totals +	
Pension Δnnı	uity, and IRA Distributions #2	
Please	provide all Forms 1099-R. 2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)		Thor real information
Name of payer	_[1]	
State postal code	[3]	
Gross distributions received (Box 1)	[5]	
Taxable amount received (Box 2a)	+[7]	
Federal withholding (Box 4)	+[9]	
	+[11]	
Distribution code (Box 7) Mark if distribution in from an IRA SER SIMPLE retirement plan	_[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	-	
State withholding (Box 12)	+[17]	
Local withholding (Box 15) Amount of rollover	+[19]	
	+[21]	
Mark if distribution was due to a pre-retirement age disability	_[23]	
	Control Totals +	
	<u>. </u>	
Densien Ann	sites and IDA Distributions 40	
Pension, Annu	uity, and IRA Distributions #3	
Please	provide all Forms 1099-R.	B. S. Wassels for small and
Taxpayer/Spouse (T, S)	2016 Information	Prior Year Information
• • •	_[1]	
Name of payer	[3]	
State postal code	[5]	
Gross distributions received (Box 1)	+[7]	
Taxable amount received (Box 2a)	+[9]	
Federal withholding (Box 4)	+[11]	
Distribution code (Box 7)	_ [14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	-	
State withholding (Box 12)	+[17]	
Local withholding (Box 15)	+[19]	
Amount of rollover	+[21]	
Mark if distribution was due to a pre-retirement age disability	_[23]	
	Control Totalo	
	Control Totals +	
NOTES/QUESTIONS:		

Retirement

Form ID: 1099R

Form ID: SSA-1099 Social Security, Tier 1 R	ailroad Benefits	23	
Please provide a copy of Form(s) SSA-1099 or RRB-1099			
Taxpayer/Spouse (T, S)	_[1]		
State postal code	[2]		
Social Security E	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)	1 [0]		
Voluntary Federal Income Tax Withheld (Box 6)	+[8] +[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 B	Benefits		
Mary residuals Form DDD 4000 to a second of the second of	2016 Information	Prior Year Information	
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2016 (Box 5)	+ [22]		
Federal Income Tax Withheld (Box 10)	+ [22] + [25] + [27]		
Medicare Premium Total (Box 11)	+[27]		
Additional Information Abou	t Renefits Received		
Additional information about the benefits received not reported above. For example benefits in 2016. This information will be reported in the SSA-1099 DESCRIPTION			
		[43]	
		[44	
NOTES/QUESTIONS:			

Form ID: IRA Traditional IR	A			24
	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 Fo	• • •	his 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 contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016	+ + + + + + + + + + + + + + + + + + + +	[41] [43]	+ + +	[42] [44]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016 Enter the Roth conversion IRA basis on December 31, 2015	+ + + + + + + + + + + + + + + + + + + +	[41]	+ + + +	[42]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016	+ + + + + + + + + + + + + + + + + + + +	[41] [43] [45]	+ + + + +	[42] [44]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016 Enter the Roth conversion IRA basis on December 31, 2015	+ + + + + + + + + + + + + + + + + + + +	[41] [43]	+	[42] [44]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016 Enter the Roth conversion IRA basis on December 31, 2015	+ + + + + + + + + + + + + + + + + + + +	[41] [43] [45]	+ + + + + +	[42] [44] [46] [48]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016 Enter the Roth conversion IRA basis on December 31, 2015	+ + + + + + +	[41] [43] [45] [47]	+ + + + + + + +	[42] [44] [46] [48]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016 Enter the Roth conversion IRA basis on December 31, 2015	+ + + + + + + + + +	[41] [43] [45] [47]	+ + + + + + + + + +	[42] [44] [46] [48]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016 Enter the Roth conversion IRA basis on December 31, 2015	+ + + + + + +	[41] [43] [45] [47]	+ + + + + + + + + + + +	[42] [44] [46] [48]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016 Enter the Roth conversion IRA basis on December 31, 2015	+ + + + + + +	[41] [43] [45] [47]	+	[42] [44] [46] [48]
Enter the total contribution Roth IRA basis on December 31, 2015 Enter the total Roth IRA contribution recharacterizations for 2016 Enter the Roth conversion IRA basis on December 31, 2015	+ + + + + + +	[41] [43] [45] [47]	+ + + + + + + + + + + +	[42] [44] [46] [48]

Form ID: Keogh, SEP, SIMPLE Contributions		25
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	EIRA, 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 Enter the amount of elective deferrals designated as Roth contributions in 2016	+	[19] [20]

Form ID: C-2

Preparer use only		
Principal business or profession		
·	2016 Information	Prior Year Information
Advertising	+[6]	
Car and truck expenses	+[8]	
Commissions and fees		
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:	·	
Culci.	1 [24]	
	+[24]	
Landand autorional conica	+	
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:		
Taxos and nooness.	+[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]	
<u> </u>	+	
Other expenses:		
	+[55]	
	+	
	+	
	+	
· <u> </u>	+	
	+	
	+	
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	+	
	+	
	<u></u>	

Control Totals +

Form ID: C-3	Schedule C - Carryovers	28
Preparer use only		

_ 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]

Principal business or profession

Form ID: Rent	Rent and Royalty Property - General	Information	29
Preparer use only		2016 Information	Prior Year Information
Description		[2]	Prior rear information
Taxpayer/Spouse/Joint (T, S, J) _[3]	State	postal code[5]	
Physical address: Street		[6]	
City, state, zip code	[7]		
Foreign country Foreign province/county		[11] [12]	
Foreign postal code		[13]	
.	t-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other,		
Description of other type (Type code #8)		[15]	
Did you make any payments in 2016 that re		_[16]	_
If "Yes", did you or will you file all require Fair rental days (If not full year) (For types 1, 2, 4, 5,		_[18]	_
Percentage of ownership if not 100%	, 7 and 6 only) (Ose Reni-2 for type 3)	[20] [22]	
Business use percentage, if not 100% (Not	vacation home percentage)	[24]	
	Don't and Dovalty Income		
Rents and royalties	Rent and Royalty Income 2016 Informatio		Prior Year Information
	Dont and Davidty Evens	••	
	Rent and Royalty Expense 2016 Informatio		Prior Year Information
Advertising	+		
Auto	+		
Travel	+		
Cleaning and maintenance Commissions:	+	[45] [46]	
	+	[48][50]	
	+		
Insurance:			
	+	[51][53]	
Legal and professional fees	+	[55]	
Management fees:	Ť	[55][56]	
	+	[58][60]	
	+		
Mortgage interest paid to banks, etc (Form	1098)		
	<u>+</u>	[61] [63]	
Other mortgage interest	⁺	[64] [66]	
Qualified mortgage insurance premiums	+	[67] [68]	
Other interest:			
	+	[70] [72]	
Repairs	+	[70]	
Supplies	+	[73][74][76][77]	
Taxes:			
	+	[79][81]	
Lieba: -	+		
Utilities Depreciation	+	[82] [83]	
Depletion	+ +	[85] [86] [89]	
Other expenses:	· <u></u>	[50]	
	+	[91]	
	+		
			
	Control Totals +	Rent & Rovalty	Form ID: Rent

Form ID: Rent-2 Rent and Royalty Properties - Points, Vacation Home, Passive Information 30			
Preparer use only Description			
	Refinancing Po	ints	
	Preparer - Enter on Scr	een Rent	
	•	2016 Information	Prior Year Information
Refinancing points paid -		2010 IIII0IIIIaaloii	The real information
Recipient's/Lender's name		[93]	
Date of refinance			
Total # Payments			
Reported on 1098 in 2016			
Total points paid		_	
Points deemed as paid in current year (Prepare	use only)		
Refinancing points paid -			
Recipient's/Lender's name			
Date of refinance			
Total # Payments			
Reported on 1098 in 2016		<u>_</u>	
Total points paid			
Points deemed as paid in current year (Prepare	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 (Prepare	use only)		
	Vacation Home Info	rmation	
		2016 Information	Prior Year Information
Number of days home was used personally		[6]	
Number of days home was rented		[8]	
Number of day home owned, if not 366		[10]	
Carryover of disallowed operating expenses into 2		+[20]	
Carryover of disallowed depreciation expenses into	2016	+[21]	
	Passive and Other In	formation	
Preparer use only — Carryovers	Regular	AMT	
Operating	+ [29]		
Short-term capital	+ [31]		
Long-term capital	+ [33]	 	
28% rate capital	+ [35]	 	
Section 1231 loss	+ [37]	 	
Ordinary business gain/lo		 	
Comm revitalization	+ [41]	 	
Section 179	+ [43]		

Control 7	otals +	Form ID: Rent-2

Form ID: F-1	Farm Income - General I	nformation	31
			-
Prena	Please provide all Forms rer use only	6 1099-K	
	Tot doe only	2016 Information	Prior Year Information
Taxpayer/Spouse/	Joint (T, S, J)	_[2]	
Employer identifica		[3]	
Description		[4]	
Principal Product		[5]	
State postal code		[6]	
-	d (1 = Cash, 2 = Accrual)	[7]	_
Agricultural activity		[9]	
	participate" in this business? (Y, N)	_[12]	_
	payments in 2016 that require you to file Form(s) 1099? (Y, N)	[14]	_
-	or will you file all required Forms 1099? (Y, N)	_[16]	-
	net income or loss should be excluded from self-employment incor		-
	premiums paid by this activity	+[22]	
Long-term care pre	emiums paid by this activity	+[26]	
	Schedule F Inco	ome	
Sales Code**		2016 Information	Prior Year Information
	Income description		
_		+[36]	
_		+	
_		+	
_		+	
_		+	
	** Sales Codes		
	1 = Cash sales of items bought for resale	4 = Custom hire (machine work)	
	2 = Cash sales of items raised	5 = Other income	
	3 = Accrual sales		
		2016 Information	Prior Year Information
	s of livestock and other items you bought for resale (Cash method)	+[38]	
	y of livestock and other items (Accrual method)	+[40]	
	stock, produce, grains, and other products purchased	+[42]	
	of livestock and other items (Accrual method)	+[44]	
	distributions you received	+[46]	
raxable cooperativ	ve distributions you received 2016 Total	+[48]	Prior Year Information
	2010 IOIai	2010 Taxable	——————————————————————————————————————
Agricultural progra	m payments		
	+ <u></u>	+[51]	
	+	+	
	+	+	
		2016 Information	Prior Year Information
CRP payments red	ceived while enrolled to receive social security or disability benefits	+[53]	
	oans reported under election:	, ,	
		+[55]	
		+	
Total commodity co	redit loans forfeited	+[57]	
· · · · · · · · · · · · · · · · · · ·	y credit loans forfeited	+[59]	
	2016 Total	2016 Taxable	Prior Year Information
Total crop insurance	ce proceeds you received in 2016		

_[64]

[66]

Farm

Form ID: F-1

Mark if electing to defer crop insurance proceeds to 2017

Control Totals +

Crop insurance proceeds deferred from 2015

Preparer use only

Description		
	2016 Information	Prior Year Information
Car and truck expenses	+[5]	THO Tear Information
Chemicals	+[7]	
Conservation expenses	+[9]	
Carryover from prior years	+[11]	
Custom hire (machine work)	+[13]	
Depreciation	+[15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+[17]	
Feed purchased	+[19]	
Fertilizers and lime	+[21]	
Freight and trucking	+[23]	
Gasoline, fuel, and oil	+ [25]	
Insurance (Other than health)		
, , , , , , , , , , , , , , , , , , , ,	+[28]	
	+	
Martin an internal (Deidte hanke atc.)	+	
Mortgage interest (Paid to banks, etc.)	+[30]	
	+	
	+	
Other interest	+[32]	
Labor hired (Less employment credit)	+[34]	
Pension and profit sharing	+[36]	
Rent - vehicles, machinery, and equipment	+[38]	
Rent - other	+[40]	
Repairs and maintenance	+[42]	
Seed and plants purchased	+[44]	
Storage and warehousing	+[46]	
Supplies purchased	+[48]	
Taxes:		
	+[50]	
	+	
	+	
	+	
There	+	
Utilities	+[52]	
Veterinary, breeding, and medicine	+[54]	
Other expenses:		
	+[56]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Preproductive period expenses	+[58]	

Form ID: F-2

Control Totals +

Form ID: F-3	Farm Passive and Other Carryover Information	33
Preparer use only		

_ Preparer use only				
Carryovers		Regular		AMT
Operating	+	[13]	+	[14]
Short-term capital	+	[15]	+	[16]
Long-term capital	+	[17]	+	[18]
28% rate capital	+	[19]	+	[20]
Section 1231 loss	+	[21]	+	[22]
Ordinary business gain/loss	+	[23]	+	[24]
Section 179	+	[25]	+	[26]
Excess farm loss	+	[29]	+	[30]

Description

F ID 1/4.4	
Form ID: K1-1	Partnerships and S Corporations

	Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.
ахрауег/Spouse/Joint (т,	S, J)

Employer identification number [6] Name of entity [13] State postal code

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) [17]

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

Taxpayer/Spouse/Joint (T, S, J) [2] Employer identification number Name of entity [13] State postal code [14] __[17]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)

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

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

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

Form ID: K1T		Estates	and Trusts	37
	Please provid	e all copies of Schedules K	(-1 showing income from es	tates and trusts.
	oouse/Joint (T, S, J)			_[2]
	entification number			[3]
Name of act				[4]
State postal	code			[5]
	Preparer use only Carryovers	Regular	AMT	
Enter	Operating	[14]	[15]	
on K1T-3	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/Sp	oouse/Joint (T, S, J)			_[2]
	entification number			[3]
Name of act	•			[4]
State postal	code			[5]
	Preparer use only			
	Carryovers	Regular	AMT	
Enter on K1T-3	Operating	[14]	[15]	
on K11-3	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]	
Taypayar/Qr	pouse/Joint (T, S, J)			roz
	entification number			_[2]
Name of act				[3]
State postal	•			[4]
State postar				[5]
	Preparer use only Carryovers	Regular	AMT	
Enter	Operating	[14]	[15]	
on K1T-3	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]	
		, ,		
Taxpaver/Sr	oouse/Joint (T, S, J)			_[2]
	entification number			[3]
Name of act				[4]
State postal	•			[5]
·	Preparer use only			
	Carryovers	Regular	AMT	
Enter	Operating	[14]	[15]	
on K1T-3	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]	

Form ID: InstPY Prior Ye	ear Installment Sale	39
Preparer use only	2016 Information	Prior Year Information
Description	[3]	
Taxpayer/Spouse/Joint (T, S, J)		
State postal code	[8]	
Date acquired	[19]	
Date sold	[20]	
Gross sales price of property sold	+[21]	
Mortgage and other debts the buyer assumed	+[23]	
Cost or other basis	+[25]	
Commissions and other expenses of the sale	+[27]	
Gross profit percentage	[29]	
Total current year principal payments received	+[35]	
Prior year principal payments received	+[37]	
Total ordinary income to recapture	+[39]	
Total ordinary income previously recaptured	+[41]	
Control Totals +		
Prior Ye	ear Installment Sale	
Preparer use only	2016 Information	Prior Year Information
Description	[3]	
Taxpayer/Spouse/Joint (T, S, J)	_ [7]	
State postal code	[8]	
Date acquired	[19]	
Date sold	[20]	
Gross sales price of property sold	+[21]	
Mortgage and other debts the buyer assumed	+[23]	
Cost or other basis	+[25]	
Commissions and other expenses of the sale	+[27]	
Gross profit percentage	[29]	
Total current year principal payments received	+[35]	
Prior year principal payments received	+[37]	
Total ordinary income to recapture	+[39]	
T. G. L P	<u> </u>	
Total ordinary income previously recaptured	+[39]	

Form ID: Sale	Form 4797 and 6252 - General Information		40
Description Prepare	er use only		[3]
Taxpayer/Spouse/Joint (T, S, J)			_[9]
State postal code Mark to include gross proceeds for 1	1000 S reporting on Form 4707, line 1		[10]
Mark if disposition is due to casualty	1099-S reporting on Form 4797, line 1		[15] [19]
Mark if disposition was to a related p			_[21]
	Sale Information		
Date acquired			[23]
Date sold			[24]
Gross sales price or insurance proce	eeds received	+	[25]
Cost or other basis		+	[26]
Commissions and other expenses of Depreciation allowed or allowable	f sale	+	[27] [28]
200.000.000.000.000.000.000.000	Form 4797, Part III - Recapture	· · · · · · · · · · · · · · · · · · ·	[23]
Additional depreciation after 1975 (S		+	[30]
Applicable percentage (if not 100%)	•	<u> </u>	[31]
Additional depreciation after 1969 (S Soil, water and land clearing expens		+	[32]
Applicable percentage (if not 100%)			[34]
Intangible drilling and development		+	[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 receive	d	+	0[38]
	Form 6252 - Related Party Installment Sale Inform	ation	
Related party name			[39]
Address			[40]
State, City and Zip Identifying number of related party		[41] [42]	[43] [44]
Was the property sold as a marketal	ble security? (Y, N)		^[44] [45]
Enter date of second sale	• • • •		[46]
	ble (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		_[47]
Selling price of property sold by a re	lated party	+	[49]
NOTES/OUESTIONS.			

Control Totals +	Form ID: Sale
Control Lotals +	Form ID: Sale

Please provide all Forms 5498-SA.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Name of Trustee	[4]	
State postal code	[2]	
Indicate type of health or medical savings account:		
HSA	_[6]	
Archer MSA	_[7]	
MA (Medicare Advantage) MSA	_[9]	
Total HSA/MSA contributions made		
for 2016 (Enter all amounts contributed, including through employer cafeteria plans)	+[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_[12]	
Number of months in qualified high deductible health plan in 2016	[13]	
Mark if you want to contribute the maximum allowable health or		
medical savings account contribution amount	_[14]	
Total HSA/MSA contribution to be made for 2016	+[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+[16]	
Excess contributions for 2015 taken as constructive contributions for 2016	+[19]	
Rollover contribution (Form 5498-SA, Box 4)	+[21]	
Complete this section if your account is an Archer MSA or MA MSA		
Amount of annual deductible	+ [24]	
Enter compensation from employer maintaining high deductible health plan	+ [27]	
If self-employed, enter earned income from business		
under which plan was established	+[31]	
Complete this section if your account is an HSA		
Was the high deductible health plan in effect for December 2016? (Y, N)	_[33]	

	Please provide all Forms 1099-L1	i C.	
	-	2016 Information	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured	_	[40]	
Gross long-term care (LTC) benefits paid (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 du	ring 2016? (Y, N)	[52]	
If the insured is terminally ill, were payments received on a	ccount 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	ne		
long-term care period	+	[55]	

Control Totals + Health Care Form ID: 1099SA

FORM ID: 3903	Moving Expenses		46
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]

Form ID: OtherAdj		C	Other Adjustments			47
Alimony Paid:						
T/S/J	Recipient name		Recipient SSN	2016	Information	Prior Year Information
				+	[1]	
Address						
				+		
Address						
				+		
Address						
Addicas						
			2016 Ind	ormation		Prior Year Information
						Prior rear information
-			Taxpayer	•	Spouse	
Educator expenses:						
			[3]			
		+		+		
Other adjustments:						
		+	[6]	+	[7]	
				+		
				+		
				+		
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Form ID: Educate2	Student Loan Interest Paid 49
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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]	
_		+		
		+		
		+		

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		
nter information from each institution on a separate page, including the complete addres	s and federal identificat	ion 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 Informa	tion	
Amounts reported in Box 1 or Box 2 may not reflect the actual amount Enter the amount actually paid during 20	-	ring 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	n hefore 2016	
r = 1101 parounny dogree, 2 = 1101 oritorioù at roust han time, 3 = 1 diony drug conviction, 4 = 4 yrs post-secondary education		
NOTES/QUESTIONS:		

Form ID: 1099Q Qualified Education	51	
Please provide all copie		
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 a	and Basis	
Beneficiary's Information (if not taxpayer or spouse)		
Social security number	[11]	
First name	[12]	
Last name	[13]	
	2016 Information	Prior Year Information
Amount contributed in current year	+[14]	
Basis of this account at 12/31/15	+[17]	
/alue of this account at 12/31/16	+[19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+[24]	_
Payments from Qualified I	Education Programs	
	2016 Information	Prior Year 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]	
3ox 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]	
NOTES/QUESTIONS:		

Control Totals +	Educate	Form ID: 1099Q

Form ID:	Schedule A - Medical and Dental Expenses		53
T/S/J	2016 Information Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		Prior Year Information
_[1]	+	_[2]	
_			
_			
_	+ Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered	_ ed	
	elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)		
_ ^[4]	+ +		
-	+		
_	Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))	_	
_ ^[7]		_[8] _	
_[10]	Prescription medicines and drugs: +	[11]	
	+		
_ _[13]	Miles driven for medical items	_ _[14]	
	Schedule A - Tax Expenses		
T/S/J	2016 Information		Prior Year Information
[18]	State/local income taxes paid: +	[19]	
_[10]	+		
_		_	
-	+ + 2015 state and local income taxes paid in 2016:	_	
_[21]	+	[22]	
_	+ +	_	
_[24]	Real estate taxes paid:	[25]	
_	+	_	
_	Personal property taxes:		
_ ^[27] _	+ +	_[28] _	
[30]	Other taxes, such as: foreign taxes and State disability taxes +	[31]	
,	+	<u>-</u> ` '	
-	Sales tax paid on major purchases:	_	

_[36]

_[39]

Sales tax paid on actual expenses:

Form ID: A-2	Ir	nterest Expenses	}			54
I/S/J Home mortgage interest: From Form	1098	2016 Interest Paid [2]	2016 Points Paid	Type* M	2016 ortgage Ins. emiums Paid	Prior Year Information
[1]	+	+		+		
_						
<u> </u>						
_	+	+		+		
_						
	+					
		*Mortgage Types				
Blank = Used to buy, build or improv 1 = Not used to buy, build, improve h 2 = Used to pay off previous mortgage	nome or investment	3 = Usea	to pay off prev out before 7/1	ious mortg /82 and sec	age, excess p cured by home	roceeds invested e used by taxpayer
T/S/J Payee's N Other, such as: Home mortgage		SSN or EIN	I 201	6 Informatio	on Pr	ior Year Information
[4]			+		[5]	
Address						
City, state and zip code			<u> </u>			
Address		.	<u> </u> †			
City, state and zip code						
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2016 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refine Percentage of principal exceedin Points deemed as paid in 2016 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 refine Percentage of principal exceedin Points deemed as paid in 2016 Date of refinance Term of new loan (in months) Reported on Form 1098 in 2016	ance ng original mortgage (For (Preparer use only) ance ng original mortgage (For (Preparer use only)	· AMT adjustment)				
TIGU			2014	C luda um ati		
T/S/J Investment interest expense, othe	r than on Schedule(s) K-	1:	2010	6 Information	711	
[15]			+		[16]	
			+			
		<u> </u>	_			
_						
_						
_			+			
	Control Totals +		I Ttemia	ed Ded	uctions	Form ID: A-2
	1 00 01 10.010 1			<u> </u>		1 . V. III ID. A-Z

54

Form ID: A-2

Cha	aritable Contributions		
Contributions made by cash or check (including out-of-po Any contribution of cash, a check or other monetary gift requires a			forma
Individual contributions of \$250 or more must be accompanied by a		•	
individual contributions of \$250 of more must be accompanied by a			1.
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
Volunteer miles driven		[6]	
Noncash items, such as: Goodwill/Salvation Army/clothir	ng/household goods		
,	+	[9]	
	+		
-	+		
	+		
	+ <u></u>		
-	+		
Misc			
Miso		mation Prior Voor In	form
	2016 Infor	mation Prior Year In	nforma
Unreimbursed expenses, such as: Uniforms, Professiona	2016 Infor il dues,	mation Prior Year In	nforma
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations	2016 Infor Il dues, al expenses		
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations	2016 Infor al dues, al expenses +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations	2016 Infor all dues, all expenses +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations	2016 Infor al dues, al expenses + + + +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations	2016 Infor all dues, all expenses +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations	2016 Infor al dues, al expenses + + + +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educationa Union dues:	2016 Infor al dues, al expenses + + + +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educationa Union dues:	2016 Infor al dues, al expenses + + + +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues:	2016 Infor al dues, al expenses + + + +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educationa Union dues: Tax preparation fees	2016 Infor al dues, al expenses + + + + + + + + + + + + + + + + + +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues:	2016 Infor al dues, al expenses + + + + + + + + + + + + + + + + + +	[12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a	2016 Infor al dues, al expenses + + + + + + + + + + accounting/custodial fees	[12][12]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a	2016 Infor al dues, al expenses + + + + + + + + + + + accounting/custodial fees +	[12] [15] [18] [21]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a	2016 Infor al dues, al expenses + + + + + + + + accounting/custodial fees + + +	[12] [15] [18] [21]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a	2016 Infor all dues, all expenses +	[12] [15] [18] [21]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a	2016 Infor all dues, all expenses +	[12] [15] [18] [21]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a	2016 Infor al dues, all expenses +	[12] [15] [18] [21]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or F	## Corm(s) 1099-DIV/INT:	[12] [15] [18] [21] [24]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educationa Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or F	## Community of the image is a second of the i	[12] [15] [18] [21] [24] [27]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a	2016 Infor all dues, all expenses	[12] [15] [18] [21] [24] [27]	
Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or F	## Community of the image is a second of the i	[12] [15] [18] [21] [24] [27]	
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Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educationa Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or F	2016 Infor all dues, all expenses	[12] [15] [18] [21] [24] [27] [31]	
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Unreimbursed expenses, such as: Uniforms, Professiona Business publications, Job seeking expenses, Educations Union dues: Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/a Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or F Other expenses, not subject to the 2% AGI limit:	## Company of the image is a second of the ima	[12] [15] [18] [21] [24] [27] [31]	

Employee Business Expenses

Preparer use only	2012.1	B. C. Wassels for small sea
	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[2]	
Occupation in which expenses were incurred	[3]	
State postal code	[5]	
If the employee expenses were from an occupation listed below, enter the applical		_
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee		
Mark if these employee expenses are related to qualified services as a minister or	-	
Parking fees and tolls	+[17]	
Local transportation Travel expenses	+[19]	
Other business expenses:	+[22]	
Other business expenses.	→ [25]	
	+[25] +	
	+	
	+	
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	+	
Nonvehicle depreciation	+ [28]	
Meals and entertainment	+[31]	
Meals for individuals subject to DOT hours of service limitation	+[33]	
Employer Reimb		
Enter Reimbursements not ente	ered on Screen W2, Box 12, Code L 2016 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2		i iioi Teal IIIIOIIIIalion
Reimbursements for meals and entertainment not included on Form W-2	+[60]	
Reimbursements for meals for DOT service limitation not included on Form W-2	+[62]	
	+[64]	
Control Totals +	ı	Form ID: 2106

			Employee Bu	usiness Ex	penses			58
Preparer us Taxpayer/Spouse (T, S) Occupation in which exp State postal code	-	urred				_[2] [3] [4]		
			Vehicle	Questions	;			
If you used your automo Was the vehicle ava Was another vehicle Do you have eviden	ilable for off-duty available for pe	y personal use? ersonal use? (Y,	Y (Y, N, Blank = Not applic N)	able)		Information	Prior Year I	nformation - -
			Vehicle	Information	1			
Vehicle 1 -	Date placed in Description Comments	n service					_	
Vehicle 2 -	Date placed in Description Comments	n service					_	
Vehicle 3 -	Date placed in Description Comments	n service					_	
Vehicle 4 -	Date placed in Description Comments	n service	Vahislas A	ctual Evno	nene			
Vehicle 4 -	Description Comments	Prior Year	Vehicles A	Prior Year		Prior Year	Vehicle 4	Prior Year
	Description Comments Vehicle 1		Vehicle 2		Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
otal mileage for the year	Description Comments Vehicle 1	Prior Year	Vehicle 2 	Prior Year	Vehicle 3		[163]	
otal mileage for the year usiness mileage	Description Comments Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3		1	
otal mileage for the year usiness mileage verage daily round trip	Vehicle 1	Prior Year	Vehicle 2[69][71]	Prior Year	Vehicle 3[116][118]		[163] [165]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage	Vehicle 1 [20] [24]	Prior Year	Vehicle 2[69][71][73]	Prior Year	Vehicle 3[116][118][120]		[163] [165] [167]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage	Vehicle 1 [20] [24] [26] [28]	Prior Year	Vehicle 2[69][71][73][75]	Prior Year	Vehicle 3[116][118][120][122]		[163] [165] [167] [169]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline +	Vehicle 1 [20] [24] [26] [28]	Prior Year	Vehicle 2[69][71][73][75] +[77]	Prior Year	Vehicle 3[116][118][120][122] +[124]		[163][165][167][169] +[171]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline +	Vehicle 1 [20] [24] [26] [28] [30]	Prior Year	Vehicle 2 [69] [71] [73] [75] [77] [77]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124]		[163][165][167][169] +[171] +[173]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + il + epairs + +	Vehicle 1 [20] [24] [26] [28]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81]	Prior Year	Vehicle 3[116][118][120][122] +[124]		[163][165][167][169] +[171]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + il + epairs + aintenance + total mileage asoline + total mileage asoline + total mileage asoline + total mileage asoline + total mileage + total mileage asoline + total mileage asoline + total mileage	Vehicle 1 [20] [24] [26] [28] [30] [32] [34]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83]	Prior Year	Vehicle 3 [116][120][122] +[124] +[126] +[128]		[163] [165] [167] [169] [171] [173]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + epairs + aintenance + tres + tree exercises	Vehicle 1 [20] [24] [26] [28] [30] [32]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85]	Prior Year	Vehicle 3 [116] [120] [122] [124] [126] [128]		[163][165][167][169] +[171] +[173] +[175] +[177]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + il + epairs + aintenance + tes + ar washes + tes	Vehicle 1 [20] [24] [26] [28] [30] [32] [34] [36] [38]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87]	Prior Year	Vehicle 3 [116] [120] [122] [124] [126] [128] [130]		[163][165][167][169] +	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + 1 + epairs + eintenance + er washes + surance + er washes + surance + er washes +	Vehicle 1 [20] [24] [26] [28] [30] [32] [34] [36]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [126] [128] [130] [132]		[163][165][167][169] +	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + + + + + + + + + + + + + + + + + + +	Vehicle 1 [20] [24] [26] [30] [32] [34] [36] [38] [40] [42]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [124] [126] [130] [130] [134] [134]		[163] [165] [167] [169] [171] [173] [175] [177] [177] [178] [178] [181]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline	Vehicle 1 [20] [24] [26] [28] [30] [32] [34] [36] [38] [40] [42]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [91]	Prior Year	Vehicle 3 [116] [120] [122] [124] [126] [128] [130] [131] [134] [136] [138]		[163] [165] [167] [169] [171] [173] [175] [177] [177] [179] [181] [183] [185]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline	Vehicle 1 [20] [24] [26] [28] [30] [32] [34] [36] [38] [40] [42] [42] [44]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [88] + [85] + [87] + [89] + [91] + [93]	Prior Year	Vehicle 3 [116] [120] [122] [124] [126] [128] [130] [132] [134] [136] [138] [140]		[163] [165] [167] [169] [171] [173] [175] [177] [177] [179] [181] [183] [185] [185]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + il + epairs + aintenance + eres + er washes + surance + terest + egistration + censes + coperty taxes (Plates, tags, tenses + tenses + tags + ta	Vehicle 1 [20] [24] [26] [28] [30] [32] [34] [36] [38] [40] [40] [42] [44] [44] [46] [48] [48]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year	Vehicle 3 [116] [120] [122] [124] [126] [128] [130] [130] [132] [134] [136] [138] [140] [140]		[163]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + il + epairs + aintenance + eres + er washes surance + terest + egistration + censes + coperty taxes (Plates, tags, tehicle rentals + terest + epistration + censes + coperty taxes (Plates, tags, tehicle rentals + terest + tenses + coperty taxes (Plates, tags, tehicle rentals + tenses + tense	Vehicle 1 [20] [24] [26] [28] [30] [34] [36] [36] [40] [42] [42] [44] [45] [46] [48] [50] [50]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [89] + [91] + [93] + [95] + [97]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [124] [128] [130] [132] [134] [134] [136] [138] [140] [142]		[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline + epairs + aintenance + eres + er washes surance + terest + egistration + censes + coperty taxes (Plates, tags, terest)	Description Comments Vehicle 1 [20] [24] [26] [28] [30] [32] [34] [36] [38] [40] [42] [42] [44] [45] [48] [46] [48] [50] [52]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [91] + [93] + [95] + [97] + [99]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [124] [126] [130] [132] [134] [134] [136] [140] [144] [144]		[163]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline il + epairs + aintenance + eres + er washes surance + terest + egistration + censes + coperty taxes (Plates, tags, ephicle rentals + clusion amt (Preparer only) ther vehicle expenses +	Description Comments Vehicle 1 [20] [24] [26] [28] [30] [32] [34] [36] [38] [40] [42] [42] [44] [45] [48] [46] [48] [50] [52]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89] + [91] + [93] + [95] + [97] + [99] + [101]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [124] [126] [130] [134] [134] [134] [144] [144] [144] [144]		[163] [165] [167] [169] + [177] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [193]	
otal mileage for the year usiness mileage verage daily round trip commuting mileage otal commuting mileage asoline	Description Comments Vehicle 1 [20] [24] [26] [28] [30] [32] [34] [36] [38] [40] [42] [42] [44] [45] [48] [46] [48] [50] [52]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89] + [91] + [93] + [95] + [97] + [99] + [101]	Prior Year	Vehicle 3 [116] [118] [120] [122] [124] [124] [126] [130] [134] [134] [134] [134] [144] [144] [144] [144]		[163] [165] [167] [169] + [177] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [193]	

Form ID: 2106-2

Control Totals +

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				<u> </u>
Name of donee organization				 [5]
Address of donee organization				[6]
City				[7]
State postal code				[8]
Zip code				[9]
Date contributed				[9]
Date acquired by donor			_	
	- Fushanas)		_	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, I Donor's cost or basis	: = Exchange)			_[12]
Fair market value			<u>+</u>	[13]
			+	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T =	Thrift shop value, $S = Sales/comparation$	ive, O = Other)		_[15]
If other:				[16]
	Control Totals +			
Noncash Co	ntributions Exceeding	\$500		
For donated securities, include the company name	and number of shares in the	he donated property	description, b	pelow
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				<u>—</u>
Date contributed				[10]
Date acquired by donor			_	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, I	= Evchange)		_	[12]
Donor's cost or basis	- Exchange)		_	_[13]
Fair market value			<u>'</u>	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T =	Thrift abon value C. Calas/asmassati	iva O Othor)	T	
If other:	Trinit shop value, 3 = Sales/comparati	ive, O = Other)		[15] [16]
	Control Totals +			
		I		
	ntributions Exceeding			
For donated securities, include the company name	and number of shares in the	ne donated property	/ description, b	pelow
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, I	= 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/comparati	ive $\Omega = \Omega ther$		[14] [15]
If other:	Think shop value, o = oales/comparati	, O = Oalei)		[15] [16]
55				[10]
	Control Totals +			
	-	1 7		
	<u> </u>	<u>mized Dedu</u>	<u>ictions</u>	Form ID: 8283

Form ID: 4684P	Casualty	y and Theft - Per	sonal Use Propertie	es	62
Preparer use on	nly				
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft	-				[3] [4] [5] [8]
	Casualty	y and Theft - Per	rsonal Use Propertie	es	
Description of casualty or theft - Property A Description of casualty or theft - Property B Description of casualty or theft - Property C Description of casualty or theft - Property D	- - - -				[17] [29] [41] [52]
		Α	В	С	D
Date acquired		[23]	[35]	[47]	[58]
Cost or other basis of property	+	[24] +			[59]
Insurance or other reimbursement	<u> </u>		[37] +		[60]
Fair market value before casualty Fair market value after casualty	<u>+</u>	[27] +	[39] +	[50] + [51] +	[61] [62]
Tall Harket value after casualty	Perso		ement Information	[31] Ŧ	[02]
		onal Ose Neplaci			
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D	- - - -				[63] [67] [71] [75]
		A	В	С	D
Mark if property was acquired from a related p	oarty	[64]	[68]	[72]	[76]
Date acquired		[65]	[69]	[73]	[77]
Cost of replacement property	+	[66] +	[70] +	[74] +	[78]
NOTES/OUESTIONS.					

Form ID: 8829		<u>.</u>		
1 0111112. 0020	Home Office General In	form	ation	65
Preparer use only Principal business or profession Taxpayer/Spouse/Joint (T, S, J) State postal code				[3] [4] [5]
	Business Use of I	Home		
Total area of home Area used exclusively for business			2016 Information[14][16]	Prior Year Information
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 Special computation for certain day-care facilities:			[20]	
Area used regularly and exclusively for day-care bu Area used partly for day-care business	siness		[22] [24]	
List as direct expenses any e List as indirect expenses any expe	-	o the o	verall upkeep and running	
	Direct Expenses	погта	Indirect Expenses	Prior Year Information
Mortgage interest:	+[29		[31]	
Mortgage insurance premiums Real estate taxes:	+ [3		[35] [39]	
Excess mortgage interest and insurance premiums	+[4:		[43]	
Insurance	+[4		[47]	
Rent Repairs & maintenance	+[5		[52]	
Utilities	+[54 +[57]		[55] [58]	
Other expenses, such as: Supplies & Security system		•		
	+[60	oj +. +	[61]	
	+	+		
	+	+.		
	+	+.		
	+	+		
	+	+		
	+	+.		
Excess casualty losses Carryovers:	+	+ . + .	[63]	
Operating expenses Casualty losses		+.	[64] [65]	
Depreciation		+	[67]	
Business expenses not from business use of home, suc	h as:			
Travel, Supplies, Business telephone expenses Depreciation		+.	[68] [72]	
NOTES/QUESTIONS:				

Form ID: 8829

Control Totals +

		_			_							
		-		for business pur	rposes, plea	ise com	plete the fo	llowing	g informat	tion.		
Description of bu		Preparer us fession	e only									[O]
——————————————————————————————————————	311033 OI PIO	10331011										[3]
				V	ehicles							
	Date placed in	n service										[4
	Description											[
	Comments Date placed in	a sonvico		-								
	Date placed in Description	1 Service										?]?
	Comments											,
Vehicle 3 -	Date placed in	n service										['
	Description											['
	Comments											
	Date placed in	n service										[′
	Description Comments			-								[2
	Sommonto											
				Vehicle	e Questio	ns						
					Vehicle	Prior		Prior	Vehicle	Prior	Vehic	
					1	Year	2	Year	3	Year	4	Year
Was the vehicle Was another ve Do you have ev Is this evidence	ehicle availab vidence to su	le for perso pport your d	nal use? (Y, N))	[60] [68] [76] [84]	_ _ _	[70] [78] [86]	_	[72] [80] [88]	_	[74 [82 [90	2]
Was the vehicle Was another ve Do you have ev	ehicle availab vidence to su	le for perso pport your d	nal use? (Y, N)		[68] [76] [84]	- -	_ [70] _ [78] _ [86]	-	_[80]	_ _ _	_[82	2]
Was the vehicle Was another ve Do you have ev	ehicle availab vidence to su	le for perso pport your d	nal use? (Y, N)		[68] [76]	- - -	_[78]	-	_[80]	-	_[82	2]
Was the vehicle Was another ve Do you have ev	ehicle availab vidence to su e written? (Y, N	le for perso pport your d	nal use? (Y, N)		[68] [76] [84]	r	_[78]		_[80]	- - - Vehicle	[82	2]
Was the vehicle Was another ve Do you have ev Is this evidence	ehicle availab vidence to su e written? (Y, N	ole for perso pport your d	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicl	[68] [76] [84] e Expens	r	[78] [86]		_[80] _[88]	- - - Vehicle	[82	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles	ehicle availab vidence to su e written? (Y, N	ple for perso pport your d	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicl	[68] [76] [84] e Expens	r	[78] [86]		_[80] _[88]	- - - Vehicle	[82 [90	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles	ehicle availab vidence to su e written? (Y, N	ple for perso pport your d d) dicle 1	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54]	[68] [76] [84] e Expens	r	- [78] - [86] - [86] - [36] - [46] - [56]		_[80] _[88]	- - - Vehicle	4 I [38] [48] [58]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees	ehicle availab vidence to su e written? (Y, N	nicle 1 [32] [42] [52]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 Vehicle 2 [34] [44] [54] [94]	[68] [76] [84] e Expens	r	=hicle 3 [36] [46] [56]	Infor	_[80] _[88]	Vehicle	4 I [38] [48] [58] [98]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls	ehicle availab vidence to su e written? (Y, N	nicle 1 [32] [42] [52] [92] [100]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 Vehicle 2 [34] [44] [54] [94] [102]	[68] [76] [84] e Expens	r	ehicle 3 [36] [46] [96]	Infor	_[80] _[88]	Vehicle	4 [90] 4 [38] [48] [58] [98] [106]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [108]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102]	[68] [76] [84] e Expens	r	2. [78][86][86][36][46][56][96][104[112	Infor	_[80] _[88]	Vehicle	4 [90] 4 [38] [48] [58] [98] [106] [114]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil	ehicle availab vidence to su e written? (Y, N	nicle 1 [32] [42] [52] [92] [100] [108]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34][44][54] +[94] +[102] +[110] +[118]	[68] [76] [84] e Expens	r	- [78] - [86] - [86] - [36] - [46] - [56] - [104 - [112]	Infor	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [108] [116]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 Vehicle 2 [34] [44] [54] [94] [102] [110] [118]	[68] [76] [84] e Expens	r	[128][78][78][86][86][36][46][56][104][112][120][128]	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102] + [118] + [126]	[68] [76] [84] e Expens	r	Phicle 3 [36] [46] [56] [96] [112 [120 [128] [136]	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124] [132] [140]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102] + [110] + [118] + [126] + [134]	[68] [76] [84] e Expens	r	ehicle 3 [36] [46] [96] [104 [112 [128 [136] [144	Inform	_[80] _[88]	Vehicle	4 [82] [90] 4 [38] [48] [58] [98] [106] [114] [122] [130] [138] [146]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124] [132] [140] [148]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102] + [110] + [118] + [126] + [134] + [142]	[68] [76] [84] e Expens	r	2-[78][86][86][86][36][46][96][104[112[120[136[144[152	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124] [132] [140] [148] [156]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102] + [110] + [118] + [126] + [134] + [142] + [150]	[68] [76] [84] e Expens	r	2 [78] _ [78] _ [86] _ [86] _ [36] _ [46] _ [56] _ [104 _ [112 _ [128 _ [136 _ [144 _ [152 _ [160]]]]]]	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124] [132] [140] [148] [156] [164]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102] + [110] + [118] + [126] + [134] + [150] + [158] + [166]	[68] [76] [84] e Expens	r	2-(78)[86][86][86][36][46][104[112[120[136[144[152[160[168[168]]	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124] [132] [140] [148] [156] [164] [172]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [110] + [118] + [126] + [134] + [150] + [156] + [166] + [174]	[68] [76] [84] e Expens	r	[168][78][78][86][86][86][86][86][86][86][104][1120][128][136][144][152][160][168][176]	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was another very Do you have explored wiles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses	ehicle availab vidence to su e written? (Y, N	sicle 1 [32] [42] [52] [92] [100] [116] [114] [132] [140] [148] [156] [164] [172] [180]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [110] + [118] + [126] + [134] + [142] + [150] + [158] + [166] + [174]	[68] [76] [84] e Expens	r	[184][78][78][86][86][86][86][96][104[112[120[128[136[144[152[160[168[176[184]_[184]_	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes	Veh Veh + + + + + + + + + + + + + + + + + +	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124] [132] [140] [148] [156] [164] [172] [180] [188]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102] + [118] + [126] + [150] + [150] + [158] + [166] + [174] + [182] + [190]	[68] [76] [84] e Expens	r	Phicle 3 [36] [46] [56] [96] [104 [112 [120 [128 [136 [144 [152 [160 [168 [176 [184 [192	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Is this evidence Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes Other vehicle exper	Veh Veh + + + + + + + + + + + + + + + + + +	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124] [132] [140] [148] [156] [164] [172] [180] [188]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102] + [110] + [118] + [126] + [134] + [150] + [150] + [158] + [166] + [174] + [182] + [190] + [198]	[68] [76] [84] e Expens	r	Phicle 3 [86] [86] [86] [96] [104 [112 [120 [128 [136 [144 [152 [160 [168 [176 [184 [192 [200	Inform	_[80] _[88]	Vehicle	4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Is this evidence Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes	Veh Veh + + + + + + + + + + + + + + + + + +	sicle 1 [32] [42] [52] [92] [100] [108] [116] [124] [132] [140] [148] [156] [164] [172] [180] [188]	nal use? (Y, N) leduction? (Y, N) Prior Year	Vehicle 2 [34] [44] [54] + [94] + [102] + [118] + [126] + [150] + [150] + [158] + [166] + [174] + [182] + [190]	[68] [76] [84] e Expens	r	Phicle 3 [36] [46] [56] [96] [104 [112 [120 [128 [136 [144 [152 [160 [168 [176 [184 [192	Inform	_[80] _[88]	Vehicle	4	Prior Year

Form ID: Auto

Control Totals +

Children's Interest Income

75

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.

						00111	piete a separate organi	1201 1 01111 12. 0014 101	cuon onna.					
Child	's soc	ial security nui	mber										_	[1]
Child	's date	e of birth											_	[2]
Child	's nan	ne												[4]
Тахр	aver/S	Spouse/Joint (T	, S, J)											[5]
Туре	,	,	, -, -,						Interest	[6]	Tax Exempt	U.S. Obligations*	Tax Exempt*	Prior Year
	**See c	odes below)			Payer				Income	[O]	Income	\$ or %	\$ or %	Information
		,			.,							• • • • •	•	
_								+						-
_								+						-
_								+						
_								+						
								+					_	
_								+		<u>.</u>				
_													<u> </u>	
								**Interest Codes	3					
				Bla	nk = Regular Interest	3 = Nomine	ee Distribution	4 = Accrued Ir	nterest	5 = O	ID Adjustment	6 = ABP Adjustme	ent	
					-						·	•		
							01.11	. 5						
							Children	n's Dividend Inco	me					
					Please	provide copies of all Fo	orm 1099-DIV or other s	statements reporting	child's divider	d income				
Гуре			Ordina	r y [8]	Qualified	Total Capital Gain			28	3%	Tax Exemp	ot U.S. Obligations*	Tax Exempt*	Prior Year
	See co	des below)	Dividen		Dividends	Distributions	Section 1250	Section 1202	Capital	Gain	Dividends		\$ or %	Information
	1	Payer												
	'	Amounts	+											
	_	Payer												
	2	Amounts	+											
		Payer						•						
	3													
		Amounts	+			l	<u> </u>	<u> </u>						
	4	Payer	-			ı	1	1	1					
		Amounts	+											
	5	Payer				1					1			
		Amounts	+											
	6	Payer												
	٥	Amounts	+											
						1		***************************************						
								**Dividend Code	s					
						Į	Blank = 0	Other	3 = No	minee				
													2016	Prior Year
	_											İr	formation [10]	Information
Alasi	a Per	manent Fund	dividends:											
												+		
												- + <u>-</u>		
							-							
								Control Totals	+					Form ID: 8814

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

		Тахра	ayer	Spouse
2015 employer-provided dependent care be		eriod +	[3] +	[4]
Employer-provided dependent care benefits	s that were forfeited in 2016	+	[5] +	[6]
Total qualified expenses incurred in 2016				[9]
Were you or your spouse a full time studen	,		[10]	[11]
Did you provide care expenses for any pers	son(s) who is not listed as a deper	ndent? (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 identi	fication number			
Tax Exempt / LAFCP / Due Diligence (1 = Ta	x Exempt, 2 = Living Abroad Foreign Care F	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 identi	fication number			
Tax Exempt / LAFCP / Due Diligence (1 = Ta		Provider, 3 = Provider moved and unable to	get TIN, 4 = Provider refuses	to give TIN)
Amount paid to care provider in 2016			+	
Foreign province or state of provider				
Foreign country and Foreign postal code of	provider			
Business name of provider				
First and last name of provider				
Street address of provider		_		
City, State and Zip code				
Social security number OR Employer identi	fication number			
Tax Exempt / LAFCP / Due Diligence (1 = Ta		Provider, 3 = Provider moved and unable to	get TIN, 4 = Provider refuses	to give TIN)
Amount paid to care provider in 2016			+	
Foreign province or state of provider				
Foreign country and Foreign postal code of	provider			
Business name of provider				
First and last name of provider				
Street address of provider	·			
City, State and Zip code				
Social security number OR Employer identi	fication number			
Tax Exempt / LAFCP / Due Diligence (1 = Ta		Provider, 3 = Provider moved and unable to	get TIN, 4 = Provider refuses	to give TIN)
Amount paid to care provider in 2016			+	
Foreign province or state of provider				
Foreign country and Foreign postal code of	provider		_	
Duning and a state of the state				
Business name of provider				
First and last name of provider				
Street address of provider City, State and Zip code				
Social security number OR Employer identi	fication number			
Tax Exempt / LAFCP / Due Diligence (1 = Ta		Provider 3 = Provider moved and unable to	nget TIN 4 - Provider refuses	to give TIN)
Amount paid to care provider in 2016	A Example 2 - Living Abidau i oleigii Gale F	Toridor, 0 - 1 Toridor Hioved and unable to	+	_
Foreign province or state of provider			· 	
Foreign country and Foreign postal code of	provider			
	Control Totals +	Credits		Form ID: 2441

Form ID: 1095A	ACA - Health Insurance Marketplace Statement #1										
			Please	nrovide all	Forms 1095-A						
Taxpayer/Spouse (T, Marketplace identifier Marketplace-assigned Policy issuer's name	(Box 1) d policy numb (Box 3)	per (Box 2)	1 10000		Tollio 1000 A			_[1] [6] [7] [2]			
Part III Household In	formation -										
	Pre	Monthly mium nount	Prior Year Information	Premiun	s. 2016 Monthly n Amount of Second ost Silver Plan (SLCSP)	Advance	6 Monthly e Payment m 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 T	Totals +						
		AC	Δ - Health Inc.	ıranca Ma	arketplace Statemen	+ #2					
		AC	A - Health illst	urance ivid	arketplace Statemen	IL #Z					
			Please	provide all	Forms 1095-A						
Taxpayer/Spouse (T,	S)							_[1]			
Marketplace identifier	(Box 1)							[6]			
Marketplace-assigned	d policy numb	oer (Box 2)						[7]			
Policy issuer's name	(Box 3)			_				[2]			
Part III Household In	formation -										
	Pre	Monthly mium nount	Prior Year Information	Premiun	s. 2016 Monthly n Amount of Second ost Silver Plan (SLCSP)	Advance	6 Monthly e Payment m Tax Credit	Prior Year Information			
January	+	[12]		+	[25]	+	[38]				
February	+	[13]		+	[26]	+	[39]				
March	+	[14]		+	[27]		[40]				
April	+	[15]		+	[28]		[41]				
Мау	+	[16]		+	[29]	+	[42]				
June	+	[17]		+	[30]	+	[43]				
Julv	+	 [18]		+	[31]	+	[44]				

	Prer	nium ount	Year Information	Premium Amo	ount of Second liver Plan (SLCSP)		Payment Tax Credit	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]	

1	T	
I HA	alth Care	Form ID: 1095A

Form ID: CO Carryover Inform	mation - Preparer Use Only		86
	Indefinite Carryovers	2015 to 2016	Amounts
nstructions	Excess section 179 for Sch A	+	[1]
Enter carryovers from prior year(s) as positive numbers.	Excess section 179 for Sch A - AMT	+	[2]
Enter utilizations from prior year(s) as negative numbers.	Minimum tax credit	+	[3]
	Investment interest	+	[4]
	Investment interest - AMT	+	[5]
	Short-term capital loss	+	[6]
	Short-term capital loss - AMT	+	[7]
	Long-term capital loss	+	[8]
	Long-term capital loss - AMT	+	[9]
	Residential energy credit	+	[10]
	D.C. first-time homebuyer credit	+	[11]
	Tax credit bonds	+	[12]

Charitable Contribution Carryover Items

Prior C/O Year	•	50% Contributions		30% Contributions		50/30% Cap Gain Prop		20% Contributions		50% Qualified Conservation Contributions		100% Qualified Conservation Contributions
2006									+	[63]	+	[83]
2007									+	[64]	+	[84]
2008									+	[65]	+	[85]
2009									+	[66]	+	[86]
2010									+	[67]	+	[87]
2011	+_	[13]	+ .	[18]	+	[23]	+	[28]	+	[68]	+	[88]
2012	+_	[14]	+.	[19]	+	[24]	+	[29]	+	[69]	+	[89]
2013	+_	[15]	+.	[20]	+	[25]	+	[30]	+	[70]	+	[90]
2014	+_	[16]	+.	[21]	+	[26]	+	[31]	+	[71]	+	[91]
2015	+_	[17]	+.	[22]	+	[27]	+	[32]	+ .	[72]	+	[92]

AMT Charitable Contribution Carryover Items

Prior C/O Year		50% AMT Contributions		30% AMT Contributions		50/30% AMT Cap Gain Prop		20% AMT Contributions		50% AMT Qual Conservation Contributions		100% AMT Qual Conservation Contributions	
2006									+ .	[73]] -	+	[93]
2007									+ .	[74]] -	+	[94]
2008									+ .	[75]] -	+	[95]
2009									+ .	[76]] -	+	[96]
2010									+ .	[77	η.	+	[97]
2011	+_	[33]	+ .	[38]	+	[43]	+	[48]	+ .	[78	3] -	+	[98]
2012	+_	[34]	+ .	[39]	+	[44]	+	[49]	+ .	[79)] -	+	[99]
2013	+ _	[35]	+ .	[40]	+	[45]	+	[50]	+ .	[80)] -	+	[100]
2014	+ _	[36]	+ .	[41]	+	[46]	+	[51]	+ .	[81] -	+	[101]
2015	+ -	[37]	+ .	[42]	+	[47]	+	[52]	+ .	[82	2] -	+	[102]

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses			AMT Section 1231 Nonrecaptured Losses			
2011	+ .	[53]	+		[58]		
2012	+	[54]	+		[59]		
2013	+	[55]	+		[60]		
2014	+	[56]	+		[61]		
2015	+	[57]	+		[62]		

C	ontrol Totals +	Carryovers	Form ID: CO

Form ID: Notes	Notes to Preparer		
Taxpayer name(s)	Submit questions and provide additional information to	your tax return preparer here.	
Social security number			
			Form ID: Notes