

**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](mailto: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](mailto: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
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retirement Information</b>		
Are you an active participant making contributions in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

**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? p p
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? p p
- Did anyone in your family receive a scholarship of any kind during the year? p p
- Did you make any contributions or withdrawals to/from an education savings or 529 Plan account? p p
- Did you pay any student loan interest this year? p p
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989? p p
- Did you make any contributions to an education savings or 529 Plan account? p p

**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? p

If no: How many months? \_\_\_\_\_

- Did you make any contributions to a Health savings account (HSA) or Archer MSA? p p
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? p p
- Did you pay long-term care premiums for yourself or your family? p p

**Itemized Deduction Information**

- Did you incur a casualty or theft loss or any condemnation awards during the year? p p
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? p p
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? p p
- 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. p p
- Do you have any unreimbursed expenses due to your employment? If yes, please please provide information. p p
- Did you work out of town for part of the year? p p
- Did you have any expenses related to seeking a new job during the year? p p
- Did you make any major purchases during the year (cars, boats, etc.)? p p
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? p p

**Miscellaneous Information**

- Did you make gifts of more than \$14,000 to any individual? p p
- Did you utilize an area of your home for business purposes? p p
- Did you retire or change jobs this year? p p
- Did you pay any individual as a household employee during the year? p p
- Did you make energy efficient improvements to your main home this year? p p
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? p p
- 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?

p

p

Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

p

p

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

p

p

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]

Mark if you were married but living apart all year \_\_\_\_\_ [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	2 [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	_____ [18]
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	_____ [35]

**Present Mailing Address**

Address \_\_\_\_\_ [38]

Apartment number \_\_\_\_\_ [39]

City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]

Foreign country name \_\_\_\_\_ [44]

Foreign phone number \_\_\_\_\_ [47]

In care of addressee \_\_\_\_\_ [48]

**Dependent Information**

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

First Name [49]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]

Social security number of qualifying person \_\_\_\_\_ [51]

**Dependent Codes**

- |  |   |
|--|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you</li> <li>3 = Other dependent</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|--|---|

Preparer - Enter on Screen Contact

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

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

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

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

Primary account:

Financial institution routing transit number \_\_\_\_\_ [2]  
 Name of financial institution \_\_\_\_\_ [3]  
 Your account number \_\_\_\_\_ [4]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [5]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [6]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [7]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [8] or Percent (xxx.xx) \_\_\_\_\_ [9]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [24]  
 Name of financial institution \_\_\_\_\_ [25]  
 Your account number \_\_\_\_\_ [26]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [27]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [28]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [29]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [10] or Percent (xxx.xx) \_\_\_\_\_ [11]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [30]  
 Name of financial institution \_\_\_\_\_ [31]  
 Your account number \_\_\_\_\_ [32]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [33]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [34]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [35]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [14] or Percent (xxx.xx) \_\_\_\_\_ [15]

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

### Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

**Taxpayer -**

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

**Spouse -**

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

**NOTES/QUESTIONS:**



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

Refunded \_\_\_\_\_ [52]

Applied to 2017 estimated tax liability \_\_\_\_\_ [53]

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

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

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

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

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

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

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

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

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

**2016 Federal Estimated Tax Payments**

2015 overpayment applied to 2016 estimates + \_\_\_\_\_ [1]

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

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

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

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

**NOTES/QUESTIONS:**

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

\_\_ [1]

State postal code

\_\_ [2]

Amount paid with 2015 return

+ \_\_\_\_\_ [3]

2015 overpayment applied to '16 estimates

+ \_\_\_\_\_ [4]

Treat calculated amounts as paid

\_\_ [8]

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

2016 City Estimated Tax Payments

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

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

**Calculated Amount**

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

**Calculated Amount**

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

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

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

**Calculated Amount**

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

**Calculated Amount**

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

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

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

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Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

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

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Control Totals +

Interest Income

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

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

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

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

	Control Totals	+	Income	Form ID: B-1
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**Dividend Income**

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

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

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

\*\*Dividend Codes  
Blank = Other                      3 = Nominee

Control Totals	+	Income	Form ID: B-2
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**Miscellaneous Income #1**

Please provide all Forms 1099-MISC

Preparer use only

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

**Control Totals +**

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

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

**Control Totals +**

**NOTES/QUESTIONS:**

### Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

\_\_\_\_\_ [51]

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

State postal code \_\_\_\_\_ [6]

Name of creditor/lender \_\_\_\_\_ [3]

#### Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) \_\_\_\_\_ [10]

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

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

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

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) \_\_\_\_\_ [14]

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

#### Form 1099-A Acquisition or Abandonment of Secured Property

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

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

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

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

**Control Totals +**

### Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

\_\_\_\_\_ [51]

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

State postal code \_\_\_\_\_ [6]

Name of creditor \_\_\_\_\_ [3]

#### Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) \_\_\_\_\_ [10]

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

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

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

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) \_\_\_\_\_ [14]

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

#### Form 1099-A Acquisition or Abandonment of Secured Property

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

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

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

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

**Control Totals +**

**NOTES/QUESTIONS:**

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

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

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

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

**Income**

Foreign employer compensation \_\_\_\_\_ [22] **2016 Information** **Prior Year Information**

**NOTES/QUESTIONS:**

### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	
<b>Control Totals +</b>			

### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

		2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	
<b>Control Totals +</b>			

### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

		2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	
<b>Control Totals +</b>			

NOTES/QUESTIONS:

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

Taxpayer/Spouse (T, S)

\_\_ [1]

State postal code

\_\_ [2]

Social Security Benefits

2016 Information

Prior Year Information

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2016 (Box 3 minus Box 4) (Box 5)

+ \_\_\_\_\_ [8]

Voluntary Federal Income Tax Withheld (Box 6)

+ \_\_\_\_\_ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ \_\_\_\_\_ [12]

Prescription drug (Part D) premiums

+ \_\_\_\_\_ [14]

Grey box for Prior Year Information with three horizontal lines.

Tier 1 Railroad Benefits

2016 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2016 (Box 5)

+ \_\_\_\_\_ [22]

Federal Income Tax Withheld (Box 10)

+ \_\_\_\_\_ [25]

Medicare Premium Total (Box 11)

+ \_\_\_\_\_ [27]

Grey box for Prior Year Information with three horizontal lines.

Additional Information About Benefits Received

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

Five horizontal lines for additional information with labels [40], [41], [42], [43], and [44] on the right.

NOTES/QUESTIONS:

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

**Roth IRA**

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

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

**NOTES/QUESTIONS:**

**Preparer use only**

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

**Catch-up Contributions**

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

**Elective Deferrals**

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

**NOTES/QUESTIONS:**

Preparer use only

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

Business Income

	2016 Information	Prior Year Information
Gross receipts and sales	+ [53]	
	+ [54]	
	+ [55]	
Returns and allowances	+ [56]	
Other income:	+ [58]	
	+ [59]	
	+ [60]	
	+ [61]	

Cost of Goods Sold

	2016 Information	Prior Year Information
Beginning inventory	+ [60]	
Purchases	+ [62]	
Labor:		
	+ [64]	
	+ [65]	
Materials	+ [66]	
Other costs:		
	+ [68]	
	+ [69]	
	+ [70]	
Ending inventory	+ [70]	

Control Totals +

Business





**Preparer use only**  
Principal business or profession \_\_\_\_\_

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

**NOTES/QUESTIONS:**



Preparer use only

Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2016 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
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 (Preparer use only)	_____		
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinance	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		

**Vacation Home Information**

	2016 Information	Prior Year Information
Number of days home was used personally	_____ [6]	
Number of days home was rented	_____ [8]	
Number of day home owned, if not 366	_____ [10]	
Carryover of disallowed operating expenses into 2016	+ _____ [20]	
Carryover of disallowed depreciation expenses into 2016	+ _____ [21]	

**Passive and Other Information**

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

Control Totals +

Please provide all Forms 1099-K

Preparer use only

	2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [22]	
Long-term care premiums paid by this activity	+ _____ [26]	

Schedule F Income

Sales Code**	Income description	2016 Information	Prior Year Information
-	_____	+ _____ [36]	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2016 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [38]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [44]	
Total cooperative distributions you received	+ _____ [46]	
Taxable cooperative distributions you received	+ _____ [48]	

	2016 Total	2016 Taxable	Prior Year Information
Agricultural program payments	+ _____	+ _____ [51]	
	+ _____	+ _____	
	+ _____	+ _____	

	2016 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [53]	
Commodity credit loans reported under election:	+ _____ [55]	
	+ _____	
Total commodity credit loans forfeited	+ _____ [57]	
Taxable commodity credit loans forfeited	+ _____ [59]	

	2016 Total	2016 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2016	+ _____	+ _____ [62]	
	+ _____	+ _____	
	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2017		_____ [64]	
Crop insurance proceeds deferred from 2015		+ _____ [66]	



Preparer use only

Description

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]

NOTES/QUESTIONS:

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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]	
Total ordinary income previously recaptured _____	+ [41]	
<b>Control Totals +</b>		

Prior Year 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]	
Total ordinary income previously recaptured _____	+ [41]	
<b>Control Totals +</b>		

NOTES/QUESTIONS:

**Preparer use only**

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

**Sale Information**

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

**Form 4797, Part III - Recapture**

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

**Form 6252 - Current Year Installment Sale**

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [37]  
 Total current year payments received + \_\_\_\_\_ 0 [38]

**Form 6252 - Related Party Installment Sale Information**

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

**NOTES/QUESTIONS:**

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]

**NOTES/QUESTIONS:**

Please provide all Forms 1099-SA.

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

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

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

NOTES/QUESTIONS:

Preparer use only

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

NOTES/QUESTIONS:

Alimony Paid:

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

	2016 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	+ _____ [3]	+ _____ [4]	
	+ _____	+ _____	
Other adjustments:			
	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

NOTES/QUESTIONS:

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

TS	Qualified loan interest recipient/lender	+	2016 Interest Paid	[1]	Prior Year Information
-	_____	+	_____	[1]	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px;">           _____            _____            _____         </div>
-	_____	+	_____	[1]	
-	_____	+	_____	[1]	
-	_____	+	_____	[1]	

NOTES/QUESTIONS:



Please provide all copies of Form 1098-T.

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

**Preparer - Enter on Screen Educate2**

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

**Institution Information**

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

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

**Tuition Paid and Related Information**

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

Enter the amount actually paid during 2016.

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

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

**NOTES/QUESTIONS:**

Please provide all copies of Form 1099Q

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

**Contributions and Basis**

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

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

**Payments from Qualified Education Programs**

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

**NOTES/QUESTIONS:**



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

\*Mortgage Types

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

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

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

— Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

Refinancing Points paid in 2016 -

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points deemed as paid in 2016 (Preparer use only) + \_\_\_\_\_ [12]

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2016 \_\_\_\_\_

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

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points deemed as paid in 2016 (Preparer use only) + \_\_\_\_\_

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2016 \_\_\_\_\_

T/S/J 2016 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	_____	+	_____ [16]
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____





**Preparer use only**

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

**Vehicle Questions**

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

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

**2016 Information**

**Prior Year Information**

	-
	-

**Vehicle Information**

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

**Vehicles Actual Expenses**

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

**Control Totals +**

Noncash Contributions Exceeding \$500

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

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

Control Totals +

Noncash Contributions Exceeding \$500

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

Form section 2: Taxpayer/Spouse/Joint (T, S, J) [1], Donated property description [4], Name of donee organization [5], Address of donee organization [6], City [7], State postal code [8], Zip code [9], Date contributed [10], Date acquired by donor [11], How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [12], Donor's cost or basis + [13], Fair market value + [14], Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [15], If other: [16]

Control Totals +

Noncash Contributions Exceeding \$500

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

Form section 3: Taxpayer/Spouse/Joint (T, S, J) [1], Donated property description [4], Name of donee organization [5], Address of donee organization [6], City [7], State postal code [8], Zip code [9], Date contributed [10], Date acquired by donor [11], How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) [12], Donor's cost or basis + [13], Fair market value + [14], Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) [15], If other: [16]

Control Totals +



Preparer use only

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [8]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A \_\_\_\_\_ [17]  
 Description of casualty or theft - Property B \_\_\_\_\_ [29]  
 Description of casualty or theft - Property C \_\_\_\_\_ [41]  
 Description of casualty or theft - Property D \_\_\_\_\_ [52]

	A	B	C	D
Date acquired	_____ [23]	_____ [35]	_____ [47]	_____ [58]
Cost or other basis of property	+ _____ [24]	+ _____ [36]	+ _____ [48]	+ _____ [59]
Insurance or other reimbursement	+ _____ [25]	+ _____ [37]	+ _____ [49]	+ _____ [60]
Fair market value before casualty	+ _____ [27]	+ _____ [39]	+ _____ [50]	+ _____ [61]
Fair market value after casualty	+ _____ [28]	+ _____ [40]	+ _____ [51]	+ _____ [62]

Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_ [63]  
 Description of replacement property B \_\_\_\_\_ [67]  
 Description of replacement property C \_\_\_\_\_ [71]  
 Description of replacement property D \_\_\_\_\_ [75]

	A	B	C	D
Mark if property was acquired from a related party	_____ [64]	_____ [68]	_____ [72]	_____ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

NOTES/QUESTIONS:

Preparer use only

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

Business Use of Home

Table with 2 columns: 2016 Information and Prior Year Information. Rows include: Total area of home, Area used exclusively for business, Information for day-care facilities only (Total hours used for day-care during this year, Total hours used this year, if less than 8784), Special computation for certain day-care facilities (Area used regularly and exclusively for day-care business, Area used partly for day-care business).

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

Table with 3 columns: 2016 Information (Direct Expenses, Indirect Expenses) and Prior Year Information. Rows include: Mortgage interest, Mortgage insurance premiums, Real estate taxes, Excess mortgage interest and insurance premiums, Insurance, Rent, Repairs & maintenance, Utilities, Other expenses, such as: Supplies & Security system, Excess casualty losses, Carryovers (Operating expenses, Casualty losses, Depreciation), Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses, Depreciation.

NOTES/QUESTIONS:

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

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

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

**Vehicle Questions**

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

**Vehicle Expenses**

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

Control Totals +

Children's Interest Income

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

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

Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number

\_\_\_\_\_ [1]

Child's date of birth

\_\_\_\_\_ [2]

Child's name

\_\_\_\_\_ [4]

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

\_\_\_\_\_ [5]

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

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

Children's Dividend Income

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:

2016 Information [10]	Prior Year Information
_____	
+	
_____	
+	

**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**

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

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

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

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

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

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

Please provide all Forms 1095-A

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

Part III Household Information -

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

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

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

Part III Household Information -

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

Control Totals +

NOTES/QUESTIONS:

Instructions  
 Enter carryovers from prior year(s) as positive numbers.  
 Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers	2015 to 2016 Amounts
Excess section 179 for Sch A	+ _____ [1]
Excess section 179 for Sch A - AMT	+ _____ [2]
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]	+ _____ [97]
2011	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [78]	+ _____ [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]	+ _____ [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]

### Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) \_\_\_\_\_

Social security number \_\_\_\_\_