

2016
Organizer
for your income tax return
information

Table of Contents for 2016 Domestic Organizer

Miscellaneous Questions

Taxpayer Information

Dependent Information

Employee Compensation and Withholding

Interest Income - 1099-INT

Interest Income - Other

Dividend Income - 1099-DIV

Brokerage Income - Consolidated 1099

Schedule C - Profit or Loss from Business or Profession

Retirement Distributions

Rent and Royalty Income and Expense

Office-in-Home

Vacation Home and Other Rental Properties with Personal and Business Use

Schedule K-1: Partnerships, Estates and Trusts, S Corporations

Farm Income and Expense

Miscellaneous Income

Capital Gains and Losses

Installment Sales

Adjustments to Income

Payments of 2016 Federal, State and City Estimated Tax

Medical Expenses and Taxes

Interest Expense

Charitable Contributions and Miscellaneous Itemized Deductions

Noncash Charitable Contributions

Business Expense Schedule and Form 2106

Household Employment Taxes

Child and Dependent Care Expenses

Credits

Foreign Bank Account Information

Continuation Sheet

Miscellaneous Questions

**For all information in the Organizer, please indicate the type of currency if not U.S. dollars.
If we do not have copies of your Federal, State, City and Foreign income tax returns for
2013, 2014 and 2015, please include them with this Organizer.**

Indicate **X** if:

1. You would like to have any overpayment of federal tax refunded _____
2. You would like to have any overpayment of federal tax applied to your 2017 estimated tax . . _____
3. During 2016, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** _____
4. You or your spouse made any gifts (not charitable contributions) in excess of \$14,000 to any one donee during the year. If so, provide details on a continuation sheet _____
5. You or your spouse made any gifts to a trust for any amount _____
If so, provide a copy of the trust instrument and provide details on a continuation sheet.
6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan _____
If so, provide details on a continuation sheet and copies of documentation.
7. You exercised any stock options during 2016. If so, provide details on a continuation sheet . . _____
8. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet _____
9. You loaned money for an interest rate less than the market rate of interest _____
If so, provide details on a continuation sheet.
10. You received any payments from a pension or profit-sharing plan this year or expect to receive next year _____
If so, provide details on a continuation sheet and attach statements from the plan.
11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else. _____

If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the **Dividend Income** organizer form _____
12. You have received K-1s from partnerships, estates and trusts, or S corporations _____
If so, please attach copies of all K-1 forms received and any other relevant tax information from the entities and identify the K-1's on the **Partnerships, Estates and Trusts, S Corporations** organizer form.
13. You had income from rental property that is not listed elsewhere in this organizer _____
If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.
14. In 2016, you purchased a new alternative-powered vehicle that was not intended for resale. If so, please provide the certificate of uniformity provided by the manufacturer _____
15. In 2016, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) _____
If so, indicate the amount of total sales tax paid for these items on the medical expenses and taxes organizer page.
16. You or your family had qualifying health care coverage for every month of 2016. If you did not, attach supporting documents and provide details on continuation sheet . . . _____

17. You had a foreign bank account, securities account or signature authority over such an account at any time during 2016. If so, provide details on a continuation sheet _____
18. You owned any non-bank account assets in foreign countries, including (but not limited to) real estate, commodities, business interests _____
19. You paid household employee wages of \$2,000 or more or withheld federal income tax in 2016. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet _____
20. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
21. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
22. You moved in connection with your employment in 2016 _____
Where you moved to _____
When you moved _____
If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.
23. You refinanced a mortgage during 2016. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage _____
24. You incurred any nonbusiness bad debts _____
If so, provide the following details on a continuation sheet:
 - A description of the debt, including the amount and the date it became due,
 - The name of the debtor, and any business or family relationship between you and the debtor,
 - The efforts you made to collect the debt, and
 - Why you decided the debt was worthless.
25. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) _____
You should keep the following in a safe place:
 - Date, place, and amount of expense
 - Actual receipts for expenses in excess of \$75
 - Name and business affiliation of persons entertained
 - Business purpose of expense
 - Documentation of the business discussed before, during and after the entertainment
 - Receipts for hotel, airline, and other travel expense
26. You incurred any casualty or theft losses in 2016 _____
If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.
27. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet _____
28. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. _____
29. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details _____
30. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, please enter the details in the state section of the organizer _____

Taxpayer Information

Personal Information

First name _____ Initial _____ Last name _____ Social Security Number _____ M/F _____
_____ TP
_____ SP

Street address _____ Apt. number _____

City _____ State _____ Zip code _____ County _____

Foreign Country _____ Foreign Province _____ Foreign Zip code _____

Preferred: Home/Cell Business/Cell Ext Fax
Taxpayer Telephone . . . () () ()
Spouse Telephone . . . () () ()

E-Mail Address _____

☒ If you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____

☒ If you authorize taxing authority to discuss return with paid preparer Federal . . . State . . .

☒ If you don't want state tax forms mailed to you next year

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate ☒ for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single

Married, filing jointly

Married, filing separately

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child)

Widow (widower), as of 2014 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child

If nonresident alien spouse:

Head of household status and rates, spouse exemption not claimed

Married, filing separately status and rates, spouse exemption claimed

Head of Household

Indicate the name of the qualifying child who is not a dependent _____

Social security number of qualifying child

General Taxpayer Spouse

Occupation: _____

Date of birth: _____

Date of death: _____

Disabilities: Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___ Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___
Paraplegic/Quadriplegic/Hemiplegic ___ Other ___ Paraplegic/Quadriplegic/Hemiplegic ___ Other ___

Contribute to Presidential Campaign Fund . Yes ___ No ___ Yes ___ No ___

Information for Direct Deposit of Refund

Routing number _____ (should be 9 digits)

Account number _____
(Attach a voided check)

If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet.

Account type
Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X.

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2016, **and**
- 3) they had gross income of less than \$4,050 and was your qualifying relative, **or**, the individual was your child **and**
 - a) Your child was under age 19 at the end of 2016, **or**
 - b) Your child was under age 24 at the end of 2016 **and** was a student for any 5 mos.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

First name	Last name	Social security number	Date of birth	Dependency relationship son, other, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2016, born and died in the same year	Child care expenses incurred and paid in 2016*

* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on a continuation sheet. Only include expenses incurred prior to each dependent's 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return

Organizer | General Information | Basic Return Data | Taxpayer Information

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate. Please attach supporting statements.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

Parent's name

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2016 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2016 unearned income.

		2016 Unearned Income			
First name	Last name	Interest & Ordinary Dividends	Net Capital Gain	Investment Interest Expense	Qualified Dividends

Organizer | Income | Kid-tax Income | Tax for Children

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return. Please attach supporting statements. (Forms 1099-B; 1099-DIV and 1099-INT)

First name	Last name	Interest	Tax-exempt interest	Capital gains	Total Dividends

1 Please indicate amount of both short-term and long-term (including capital gain distribution).

2 Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

Wages and Salaries

— Indicate: **T** = Taxpayer, **S** = Spouse

							1
							2
							3
							4
							5
							6
							7
							8
							9
							10
Total (Lines 1-10)							

* if more than one state/city please list under "Other Federal, State and City Tax Withholdings" section below

Other Federal, State and City Tax Withholdings

— Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

[illegible]

If your employer provided any other economic benefit not reported excluding company provided fringe benefits, indicate the total amount

Spouse

If any of the following income items were received, provide details on a continuation sheet:

- tip income
- reimbursements in excess of expenses
- professional fees
- personal use of company automobile
- discriminatory medical payments

Organizer	Income	Wages and Salaries	Other Wage Withholding & Misc.
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Interest Income - Other

Seller-Financed Mortgage Interest

	2016 amount	PY amount	
Buyer's name _____			1
Buyer's address _____ SSN _____			2
Buyer's name _____			3
Buyer's address _____ SSN _____			4

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

Other Interest

	2016 amount	PY amount	
Interest received on Federal tax refunds			5
Interest received on State tax refunds (list total for all State refunds)			6
List state names included in total _____			
Interest received as a nominee			7
Interest accrued to buy bonds			8
Accrued Market Discount			9
Total interest income (Lines 5-9) _____			T

Organizer | Income | Interest Income | Interest Adjustments

Original Issue Discount, 1099-OID

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint
Enter "X" if state withholding is present

	Box 1	Box 2	Box 3	Box 4	Box 5	Box 8	Box 9
Name of Payer	Original Issue Discount	Other Periodic Interest	Early Withdrawal Penalty	Federal Inc. Tax Withheld	Foreign Tax Paid	OID on US Treasury Obligations	Investment Expenses

Early Withdrawal Penalty - 1099-INT

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

	Box 2 Amount
Name of Payer	

Organizer | Income | Interest Income

Brokerage Income - Consolidated 1099

Brokerage Name: _____

Account No.: _____

1099-INT

Box 1 - Interest Income (not included in Box 3)

Box 2 - Early Withdrawal Penalty

Box 4 - Federal Tax Withheld

Box 6 - Foreign Tax Paid

Box 9 - Specified Private Activity Bond Interest

Prior year Interest Income

Box 3 - Interest on US Bonds

Box 5 - Investment Expenses

Box 8 - Tax-Exempt Interest

1099-DIV

Box 1a - Ordinary Dividends

Box 1b - Qualified Dividends

Box 2b - Unrecap. Sec 1250 Gain

Box 2d - 28% Rate Gain

Box 4 - Federal Tax Withheld

Box 6 - Foreign Tax Paid

Prior year Ordinary Dividends

Box 2a - Total Capital Gain Distr

Box 2c - Section 1202 Gain

Box 3 - Nontaxable Distributions

Box 5 - Investment Expenses

1099 Brokerage Stock Transactions

☐ Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

[illegible]

Subtotal
Net gain or loss

-1099-OLD

☐ Enter "X" if state withholding is present

	Name of Payer	OID Amount	Capital Gains Interest	Withdrawal	Withheld	U.S. Treasury	Investment Expense

2016 amount

PY amount

Margin Interest (Investment Interest Expense)

Schedule C - Profit or Loss from Business or Profession

Activity Information

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Business name

Street

City, state, zip, country

Principal business/profession

Employer identification number

Tax shelter ID number

Tax shelter registration number

Accounting Method

Indicate method of accounting: **A** = Accrual, **O** = Other, **Blank** = Cash, **B** = Leave unanswered

If other (specify)

Inventory Valuation

Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)

C = Cost, **L** = Lower of cost or market, **O** = Other, **D** = Not applicable

X if there was any change in determining quantities, cost, or valuation of inventories

Miscellaneous Information

Indicate **X** if this business was started or acquired during 2016

Indicate **X** if you received earnings as a statutory employee

Indicate **X** if the business was disposed of in 2016

Indicate **X** if the business was ever audited by IRS, State, or Foreign Tax Authority

Year of audit

2016 amount

PY amount

Self-employed health insurance premium payments you made during 2016

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

Income

Gross Receipts or Sales

2016 amount

PY amount

Returns & allowances

Total or override

Cost of Goods Sold and/or Operations

2016 amount

PY amount

Inventory at beginning of year

Purchases less cost of items withdrawn for personal use

Cost of labor

Materials and supplies

Other costs related to inventory

Inventory at end of year

Total cost of goods sold and/or operations

Reimbursements

Meals and Entertainment

Other reimbursements

Other Income

2016 amount

PY amount

Total other income (Lines 29-30)

Portfolio Income

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Expenses

	2016 amount	PY amount	
Advertising	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)	_____	_____	33
Commissions and fees	_____	_____	34
Contract Labor	_____	_____	35
Employee benefit programs	_____	_____	36
Insurance (other than health insurance)	_____	_____	37
Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest	_____	_____	39
Legal and professional services	_____	_____	40
Office expenses postage, etc.	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Machinery and equipment rent	_____	_____	43
Other business property rent	_____	_____	44
Repairs and maintenance	_____	_____	45
Supplies	_____	_____	46
Taxes and licenses	_____	_____	47
Travel	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation)	_____	_____	49
Utilities	_____	_____	50
Wages (gross)	_____	_____	51
Total expenses (Lines 32-51)	_____	_____	
Indicate X if you were subject to the Department of Transportation hours of service limits			52

Other Expenses

	2016 amount	PY amount	
Local transportation including train, cabs, bus, etc.	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. excluding meals)	_____	_____	54
Telephone	_____	_____	55
Professional dues	_____	_____	56
Stationery, postage	_____	_____	57
Professional magazines, journals	_____	_____	58
Other expenses (e.g. uniforms required as condition of employment)	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total (Lines 53-63)	_____	_____	T

Domestic Production Deduction - Sec. 199

The primary source of your revenue in this business is in one of the following activities:

1) Disposition of property manufactured, produced, grown or extracted in the U.S.	64
2) Construction of real property in the U.S.	65
3) Engineering and architectural services performed in the U.S. with respect to real property	66

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2016. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2016, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail

Notes:

Retirement Distributions

Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse



Name of payer _____

Please attach all Forms 1099R

	2016 amount	PY amount	
Box 1 - Gross distribution (Mandatory)	_____	_____	1
Box 2a - Taxable amount	_____	_____	2
Box 2b - Indicate X if taxable amount not determined	_____		3
Indicate X if total distribution	_____		4
Box 3 - Capital gain	_____		5
Box 4 - Federal income tax withheld	_____		6
Box 7 - Distribution code(s) (Mandatory)	_____		7
Box 7 - Indicate X if from IRA/SEP/SIMPLE	_____		8
Box 9a - Percentage of total distribution	_____		9
Box 9b - Total employee contributions	_____		10
Box 10 - Amount Allocable to IRR within 5 years	_____		11
Box 11 - 1st year of Desig. Roth Contrib.	_____		12
Box 12 - State tax withheld State name	_____		13
Box 15 - Local tax withheld Locality name	_____		14
Indicate X if entire distribution was converted to a Roth IRA	_____		15
Indicate X if entire distribution was rolled over	_____		16
Indicate X if this is an inherited IRA	_____		17
Indicate X if this distribution was used to pay qualified first-time homebuyer expenses, qualified medical or higher education expenses	_____		18
If partial rollover, enter amount of distribution rolled over	_____	_____	19
If partial conversion to Roth IRA, enter amount converted	_____		20
Amount subject to 10% penalty tax (Override)	_____		21
			22

Organizer | Income | Retirement Distributions | 1099-R

Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion)	_____		23
Cost in the plan (if different than box 9b amount)	_____		24
Amounts previously recovered tax free in PY for post 1986 annuities	_____		25
Simplified Method			
Indicate X to use Simplified Method (default to General Rule)	_____		26
Annuity starting date (Required)	_____		27
Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary	_____		28
Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here	_____	_____	29
Number of months for which this year's payments were made	_____		30
General Rule			
Expected return (if a regular pension or annuity)	_____		31
Number of years in which payments are to be received (if section 101d)	_____		32
Percent or amount not taxable (50% = .50) (Override)	_____		33

Organizer | Income | Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

Rent and Royalty Income and Expense

Ownership

Indicate: T = Taxpayer, S = Spouse, J = Joint

Activity Information

Kind of property

Location of property

You disposed of the property in 2016

Enter percentage of this property that is allocated to another

Type of Property - Activity Type

1 - Single Family Residence 3 - Vacation/Short-Term Rental 5 - Land 7 - Self-Rental

2 - Multi-Family Residence 4 - Commercial 6 - Royalties 8 - Other (describe)

If 3 - Vacation and rented out, provide details on the continuation page for vacation days and rental days.

If Royalty, indicate type:

Royalty other than oil and gas Royal with oil and gas depletion Royalty with no depletion

If Rental Real Estate

Indicate 1 if: You materially participated in the operation of the activity during 2016*

Indicate 2 if: You actively participated in the operation of the activity during 2016*

Indicate 3 if: You are a real estate professional

*Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis. Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Activity Information

Rent or Royalty Income

(Include 100% of income including amounts attributable to others.)

2016 amount

PY amount

Income

Rent or Royalty Expense

(Include 100% of expenses including amounts attributable to others.)

2016 amount

PY amount

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and other professional fees

Management fees

Mortgage interest paid to financial institutions

(If an amount is entered, please attach detail.) Do not duplicate elsewhere.

Mortgage interest paid to individuals*

(If an amount is entered, please attach detail.) Do not duplicate elsewhere.

*If another received Form 1098, enter the recipient's name and address:

Other interest

Repairs (enter major improvements on the Asset Detail Organizer)

Supplies

Taxes

Utilities

Yard maintenance

Other Expenses

Total expenses (Lines 10-27)

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Rent/Roy Inc. and Exp.

Rent and Royalty Income and Expense

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2016, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Rent and Royalty | Property Name | Depreciation and Amortization | Asset Detail

Notes:

Office-in-Home

Activity name:

Property Type Code

A = Form 2106, **C** = Schedule C, **F** = Farm (Sch. F/Form 4835), **R** = Rent/Royalty

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Activity Information

Kind of property

Location of property _____

Business Use

Indicate: Total area Area used exclusively for business

Day-Care Facilities Not Used Exclusively for Business

Indicate the total hours: Used for day-care during the year _____ Available for use during the year _____

Organizer	Income	Business Income	Business Name	Office-in-Home
-----------	--------	-----------------	---------------	----------------

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Office-in-Home Income and Expenses

Income related to this office-in home (Type: Wages, Sch. C, etc.)

Please attach an explanation if expenses include amounts incurred when the property was rented.

	2010	2009	2008
Mortgage interest paid to financial institutions	1,000	1,000	1,000

(Attach detail - Do not duplicate elsewhere)

Real estate taxes

Casualty loss after insurance reimbursement

Advertising

Auto and travel

[illegible]

Commissions _____

Insurance

Legal and other professional fees			
-----------------------------------	--	--	--

	2011	2010	2009
Management fees	100	100	100

Repairs and maintenance _____

[illegible][illegible]

Utilities _____

Excess mortgage interest			
--------------------------	--	--	--

Other expenses _____

Other expenses

Total expenses (Lines 7-27) _____

Direct expenses benefit only the business part of the property. **Indirect expenses** benefit both the business and personal parts of the property.

Organizer	Income	Business Income	Business Name	Office-in-Home	OIH-Inc and Exp
-----------	--------	-----------------	---------------	----------------	-----------------

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Vacation Home and Other Rental Properties with Personal and Business Use

Ownership			
Indicate: T = Taxpayer, S = Spouse, J = Joint			
Activity Information			
Kind of property (Mandatory) (House, Timeshare, etc.) _____			
Location of Property (Including Country)			
Activity Type			
Indicate V if vacation home or P if other personal/business property			
Personal/Business Property			
Indicate: Total area _____ Area used exclusively for business			
Vacation Home			
Indicate the total number of days in 2016: Rented at fair market value _____ Occupied by you or a relative _____			
If property is a timeshare, indicate total number of days available to you			
Passive Activity - Vacation Home or Other Personal/Business Property Information			
Indicate X if you actively participated in the operation of the activity during 2016*			
Indicate X if you disposed of the property in 2016			
*Note: Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.			
Organizer	Income	Vacation Home/Other Rental	Property Name
Vacation/Other Rental Information		Activity Information	
Rental Income			
		2016 amount	PY amount
Income			
Rental Expenses			
Please attach an explanation if expenses include amounts incurred when the property was rented.			
	2016 *Direct amount	2016 *Indirect amount	PY amounts
Mortgage interest paid to financial institutions	N/A		
<i>(Attach detail - Do not duplicate elsewhere)</i>			
Real estate taxes	N/A		
Casualty loss after insurance reimbursement			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions		N/A	
Insurance			
Legal and other professional fees			
Management fees			
Repairs			
Supplies			
Utilities			
Other expenses			
Total expenses (Lines 11-29)			
*Direct expenses benefit only the business part of the property. Indirect expenses benefit both the business and personal parts of the property.			
Organizer	Income	Vacation Home/Other Rental	Property Name
Vacation/Other Rental Information		Vacation Home-Exp and Exp	

Office-in-Home, Vacation Home and Other Rental Properties with Personal and Business Use

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2016, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Vacation Home/Other Rental | Property Name | Depreciation and Amortization | Asset Detail _____

Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.

Notes:

Schedule K-1: Partnerships (including Limited Liability Companies), Estates and Trusts, S Corporations

Listed below are all partnerships, estates and trusts and S corporations that were included in your 2015 tax return. Please list any new or additional ones and indicate any that were sold or otherwise disposed of in 2016 and provide details of the sales transaction on a continuation page.

Attach all Schedules K-1 and other supporting documents that you have received, including the amount paid for self-employed health insurance and state information.

Indicate:		Indicate X if Foreign Partnership	ID number	Indicate X if disposed of in 2016	
T = Taxpayer, S = Spouse, J = Joint	A = Partnership (Non-PTP), B = Estate/Trust, C = S Corp., F = Publicly Traded Partnership (PTP)				
A = You materially participated in the operation of the activity during 2016*	B = Other Passive				
C = Portfolio (Interest, Dividends)	D = Rental Real Estate				
Name of Partnership, Estate/Trust, S Corporation, PTP					
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
					15
					16
					17
					18
					19
					20
					21
					22
					23
					24
					25
Self-employed health insurance premium payments you made during 2016					26

Organizer | Income | Schedule K-1 or Schedule K-1 (PTP)

***Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Farm Income and Expense

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Activity Information

Farm name (**Mandatory**)

Principal product

Employer identification number

Tax shelter registration number

Tax shelter ID number

Accounting Method

Indicate method of accounting: Blank = Cash, **A** = Accrual, **B** = To leave question unanswered

Activity Type

Indicate **A** = Material participation*, **B** = Other passive, **D** = Rental real estate

G = Nonpassive tax shelter, **H** = Passive non-tax shelter

Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis.

Miscellaneous Information

Indicate **X** if a farm rental

Indicate **X** if you disposed of the business in 2016

2016 amount

PY amount

Self-employed health insurance premium payments you made during 2016

Organizer | Income | Farm Income | Farm Name | Farm Information | Sch F Information

Farm Income - Cash Method

2016 amount

PY amount

Sale of livestock and other items bought for resale

Cost or other basis of livestock and other items bought for resale

Custom hire (machine work) income

Sale of livestock, produce, grains, and other products you raised

Cooperative distributions: Total

Taxable amount

Agricultural program payments: Total

Taxable amount

Commodity Credit Corporation (CCC) loans reported under election

CCC loans forfeited or repaid with certificates: Total

Taxable amount

Crop insurance proceeds and disaster payments:

Amount received in 2016

Taxable amount

Deferred from 2015

Other income

Total income (Lines 12 - 28)

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Farm Income and Expense

Farm name: _____

Farm Expenses - Cash and Accrual

	2016 amount	PY amount	
Car and truck expenses	_____	_____	29
Chemicals	_____	_____	30
Conservation expenses (include prior year carryover)	_____	_____	31
Custom hire (machine work)	_____	_____	32
Employee benefit programs (other than pensions and profit-sharing plans)	_____	_____	33
Feed purchased	_____	_____	34
Fertilizers and lime	_____	_____	35
Freight and trucking	_____	_____	36
Gasoline, fuel and oil	_____	_____	37
Insurance (other than health insurance)	_____	_____	38
Interest - mortgage (paid to banks, etc.)	_____	_____	39
(If an amount is entered, please attach detail.)			
Interest - other	_____	_____	40
Labor hired	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Rent or lease - vehicle, machinery and equipment	_____	_____	43
Rent or lease - other (land, animals, etc.)	_____	_____	44
Repairs and maintenance	_____	_____	45
Seeds and plants purchased	_____	_____	46
Storage and warehousing	_____	_____	47
Supplies purchased	_____	_____	48
Taxes	_____	_____	49
Preproductive period expense	_____	_____	50
Utilities	_____	_____	51
Veterinary, breeding, and medicine fees	_____	_____	52
Other expenses			
_____	_____	_____	53
_____	_____	_____	54
_____	_____	_____	55
_____	_____	_____	56
_____	_____	_____	57
_____	_____	_____	58
_____	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total expenses (Lines 29 - 63) _____			T

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Domestic Production Deduction - Sec.199

Indicate X if the primary source of your revenue in this business is in one of the following activities:

- | | |
|---|----|
| 1) Disposition of property manufactured, produced, grown or extracted in the U.S. | 64 |
| 2) Construction of real property in the U.S. | 65 |
| 3) Engineering and architectural services performed in the U.S. with respect to real property. | 66 |

Farm Income and Expense

Farm name: _____

Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2016, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Farm Income | Farm Name | Depreciation and Amortization | Asset Detail _____

Notes:

Farm Income Averaging

2015 Information

Filing Status:

Single ☐ Qualified widow(er) ☐ Married filing separately ☐
Married filing joint ☐ Head of household ☐

Enter Amount From:

Form 1040, Line 9b 3
Form 1040, Line 43 4
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) 5
Schedule D, Line 15 6
Schedule D, Line 16 7
Schedule D, Line 18 8
Schedule D, Line 19 (unrecaptured section 1250 gain) 9
Form 4952, Line 4e 10
Form 4952, Line 4g 11

2014 Information

Filing Status:

Single ☐ Qualified widow(er) ☐ Married filing separately ☐
Married filing joint ☐ Head of household ☐

Enter Amount From:

Form 1040, Line 9b 14
Form 1040, Line 43 15
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) 16
Schedule D, Line 15 17
Schedule D, Line 16 18
Schedule D, Line 18 19
Schedule D, Line 19 (unrecaptured section 1250 gain) 20
Form 4952, Line 4e 21
Form 4952, Line 4g 22

2013 Information

Filing Status:

Single ☐ Qualified widow(er) ☐ Married filing separately ☐
Married filing joint ☐ Head of household ☐

Enter Amount From:

Form 1040, Line 9b 25
Form 1040, Line 43 26
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) 27
Schedule D, Line 15 28
Schedule D, Line 16 29
Schedule D, Line 18 30
Schedule D, Line 19 (unrecaptured section 1250 gain) 31
Form 4952, Line 4e 32
Form 4952, Line 4g 33

Organizer | Income | Farm Income | Sch. J - Farm Income Averaging | Schedule J Information

If amounts are not preprinted above, provide preparer with a copy of the three previous tax returns.

Miscellaneous Income

Social Security/RTTA Payments

Refer to Box 5 on SSA 1099

Social Security and RRTA payments received - Taxpayer

2016 amount

PY amount

Medicare Insurance Premiums after Social Security - Taxpayer

(Enter gross amount before medicare deductions.)

(Enter related withholding on the Employee compensation & withholding page)

Social Security and RRTA payments received - Spouse

Medicare Insurance Premiums after Social Security - Spouse

(Enter gross amount before medicare deductions.)

Organizer | Income | Miscellaneous Income | Social Security/RTTA Payments

Miscellaneous Income

Indicate: T = Taxpayer, S = Spouse, J = Joint

*List states or localities on Continuation sheet.

State income tax refunds received in 2016 (total for all states)*

2016 amount

PY amount

Local income tax refunds received in 2016 (total for all localities)*

Include interest received on the **Interest Income - 1099-INT** organizer; include withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer.

Alimony income or legal separation payments received

Unemployment insurance compensation

Insurance reimbursements for prior-year medical expenses that you deducted

Total miscellaneous income (Lines 5 - 9)

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, HSA distributions not used for unreimbursed qualified medical expenses, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: T = Taxpayer, S = Spouse, J = Joint

Preparer Use Only: A or Blank = Subject to S/E Tax, B = Not subject to S/E Tax



Description

2016 amount

in state
Amount taxable

PY amount

Total other miscellaneous income (Lines 10 - 12)

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: T = Taxpayer, S = Spouse, J = Joint

Name of payer

2016 amount

PY amount

Box 1 - Gross distribution

Box 2 - Earnings

Box 3 - Basis

Box 5 - Enter X if a private 529 program

Box 5 - Enter X if a state 529 program

Box 5 - Enter X if a Coverdell ESA

Amount contributed to this Coverdell ESA in 2016

Basis in this Coverdell ESA for 2015 and prior years

Type of Plan: Coverdell ESA

Adjusted qualified higher education expense paid for during 2016

For whom was the expense incurred?

Amount

529 Plan

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

Installment Sales

Property Information

Note: Installment Sale is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint
Description and location of property sold: _____

Date acquired (MM/DD/YYYY)

Date sold (MM/DD/YYYY)

Computation of Gain

	Amount
Gross sales price	_____
If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed.	_____
Original cost	_____
Improvements added	_____
Commissions and expenses of sale	_____
Depreciation taken to date.	_____

Collections and Profit

Indicate the total amount of principal collected in 2016 (Principal only,
do not list interest income here. Include on **Interest Income** form.)

If property was sold in a prior year, indicate total collections in prior years. (Do not
include current-year collections.)

Other Information

Indicate **X** if:

Investment property

Installment sale is a sale of residence

Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:

Name _____

Address _____

Indicate **X** if related party disposed of the property in the current year.

Indicate **X** if the property was a marketable security.

Adjustments to Income

Individual Retirement Arrangement (IRA)

For IRAs, contributions **must** be made on or before April 15, 2017, even if the due date of the return is extended beyond that date.

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed to your IRA(s)					
Regular IRA* or SEP IRA* during 2016					1
Regular IRA or SEP IRA Jan - April 2017					2
Roth IRA** during 2016					3
Roth IRA Jan - April 2017					4
Conversion from Regular to Roth IRA					5

* Do not include amounts withdrawn for 2016 or rolled over before 1/1/2017

Indicate X if you were eligible to participate in a qualified employee maintained retirement plan	Taxpayer	Spouse	
Indicate X if you want maximum IRA contribution calculated	Taxpayer	Spouse	6
	Taxpayer	Spouse	7

(Enter "IRA Management Fees" on the **Miscellaneous Deductions** form.)

Organizer | Adjustments to Income | IRA | IRA Contributions

Value of all IRA(s) as of 12/31/2016

Provide IRA values here **only** if **either** of the following applies.

- You made nondeductible contributions to your IRA for 2016, or
- You received IRA distributions in 2016 and you have at any time made nondeductible contributions to any of your IRA(s).

	Taxpayer	Spouse	
Name of Trustee			
			8
			9
			10
Total IRA basis for 2015 and prior years			11

Organizer | Adjustments to Income | IRA | IRA Values

Self-Employed Retirement Plan (Qualified Plan and SEP)

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed:					
By your employer to SEP					
(if self-employed or a partner)					12
To a Qualified plan					13
	Taxpayer		Spouse		
Indicate X if you want maximum SEP contribution calculated					14
Indicate X if you want maximum Qualified Plan contribution calculated					15

Organizer | Adjustments to Income | Qualified Plan, SEP, and Simple Deductions

Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

	2016 Amount	PY Amount	
Indicate: T = Taxpayer, S = Spouse, J = Joint			
Amount of penalty on early withdrawal of savings			16
Alimony or legal separation payments made			17
Recipient's social security number			18
Amount of qualified student loan interest paid			19
Supplemental unemployment benefits repaid			20
Other adjustments to income			21
Educator expenses			22
Contributions made to health savings account (HSA)			23
Distributions from health savings account (HSA)			24

Organizer | Adjustments to Income | Other Adjustments to Income

Payments of 2016 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2015. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding organizer**. (Expatriate returns - Do not include hypothetical tax reductions.)

Note: Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2015 overpayment applied to 2016 estimate				1
1st installment (due 4/15/2016) (excluding extension payment)				2
2nd installment (due 6/16/2016)				3
3rd installment (due 9/15/2016)				4
4th installment (due 1/15/2017)				5
Total federal estimated tax paid				T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding organizer**. Enter state and local income tax refunds on the **Miscellaneous Income organizer**.

State/City name	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2015 estimated tax paid in 2016				6
2015 extension amount paid in 2016				7
2015 balance due paid in 2016				8
2015 overpayment applied to 2016 estimate				9
1st installment (due 4/15/2016)				10
2nd installment (due 6/16/2016)				11
3rd installment (due 9/15/2016)				12
4th installment (due 1/15/2017)				13
Total state/city estimated tax paid				14

State/City name				15
2015 estimated tax paid in 2016				16
2015 extension amount paid in 2016				17
2015 balance due paid in 2016				18
2015 overpayment applied to 2016 estimate				19
1st installment (due 4/15/2016)				20
2nd installment (due 6/16/2016)				21
3rd installment (due 9/15/2016)				22
4th installment (due 1/15/2017)				23
Total state/city estimated tax paid				24

State/City name				25
2015 estimated tax paid in 2016				26
2015 extension amount paid in 2016				27
2015 balance due paid in 2016				28
2015 overpayment applied to 2016 estimate				29
1st installment (due 4/15/2016)				30
2nd installment (due 6/16/2016)				31
3rd installment (due 9/15/2016)				32
4th installment (due 1/15/2017)				33
Total state/city estimated tax paid				34

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Medical Expenses and Taxes

Medical Expenses

Indicate: T = Taxpayer, S = Spouse, J = Joint

NOTE: Medical expenses are only deductible if over 7.5% of AGI.

Medical and dental expenses (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)

2016 amount

PY amount

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Insurance reimbursements for 2016 medical expenses - (not necessary if amounts listed above are net of any reimbursements) ()

Taxpayer long term care insurance

Spouse long term care insurance

Vehicle Expenses

Standard medical miles Jan - Dec

Actual gas/oil, expenses incurred

Parking fees/tolls

Total (Lines 1 - 18, 20 & 21)

Organizer | Itemized Deductions | Medical and Dental Expenses

Deductible Taxes

Real estate taxes - (Exclude taxes reported on Rent and Royalty Income, Vacation Home, Office-in-Home, or Form 1098.) NOTE: A portion of real estate taxes may be deductible even if you do not itemize.

2016 amount

PY amount

22			
23			
24			
25			
26	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)		
27	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)		
28	Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)		
29	State unemployment and disability taxes		
	State/local sales or excise taxes paid during 2016		
30	Include copy(ies) of purchase invoice for each vehicle referenced above		
31	Other state income taxes paid in 2016 (including amounts paid for prior year)		
32	Other city income taxes paid in 2016 (including amounts paid for prior year)		
	Other deductible taxes		
33			
34			
35			
36			

Total (Lines 22 - 36)

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

Interest Expense

Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2016. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

	2016 amount	PY amount
<input checked="" type="checkbox"/> if home equity line/loan		
Mortgage interest received from payer(s)/borrower(s) (Box 1)		
Points paid on purchase of principal residence (Box 2)		
Refund of overpaid interest (Box 3)		
Qualified Mortgage Insurance Premiums (Box 4)		
Real estate taxes paid or other amount shown		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

(Enter any additional Form 1098 information on a continuation sheet)

	2016 amount	PY amount
<input checked="" type="checkbox"/> if home equity line/loan		
Mortgage interest received from payer(s)/borrower(s) (Box 1)		
Points paid on purchase of principal residence (Box 2)		
Refund of overpaid interest (Box 3)		
Qualified Mortgage Insurance Premiums (Box 4)		
Real estate taxes paid or other amount shown		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Other Mortgage Interest Not Reported on Form 1098

Indicate: T = Taxpayer, S = Spouse, J = Joint

	2016 amount	PY amount
Total (Lines 13 - 14)		

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

Points Not Reported on Form 1098

Start date of loan

Life of loan in years

2016 Points Paid

PY amount

<input checked="" type="checkbox"/> if loan is a refinancing			
--	--	--	--

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

Mortgage Interest Paid To an Individual

Name	SSN	I confirm this loan has properly
Address		been recorded

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

Other Mortgage Information

If your **home acquisition debt** (mortgages to buy, build, or improve your principal home and one other residence) totaled \$1 million or more at any time during 2016 (\$500,000 if married filing separately) or your **home equity debt** totaled \$100,000 or more at any time during 2016 (\$50,000 if married filing separately), provide balances below.

	Loan 1	Loan 2	Loan 3	Loan 4
Name of Lender				
Jan 1 Beginning Balance				
Dec 31 Ending Balance				
Interest paid per Form 1098				

If you meet the requirements listed above and you borrowed any new amounts on a mortgage this year, you prepaid more than one month's principal, or you did not make level payments at fixed intervals, also provide all monthly loan statements.

Investment Interest Expense

Include margin loan interest paid to purchase securities

	2016 amount	PY amount

Total (Lines 22 - 23)

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

Charitable Contributions & Misc. Itemized Deductions

Contributions

Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2016. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. Each contribution of \$250 or more requires written acknowledgment of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

Name of organization:	prep. use only 20% 30% 50%	2016 Amount	PY amount	
_____				1
_____				2
_____				3
_____				4
_____				5
_____				6
_____				7
_____				8
_____				9
_____				10
_____				11
_____				12
_____				13
_____				14
_____				15
Total (Lines 1 - 15)				T

Volunteer Expenses

Standard charitable miles Jan - Dec				16
Actual gas/oil, expenses incurred				17
Parking fees/tolls				18

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

Miscellaneous Taxable Deductions Subject to 2% Floor

(Expenses related to investment income, investment counsel or advisory fees, appraisal fees paid to determine the amount of casualty loss or a charitable contribution of property, costs associated with looking for a new job in your same occupation, dues to labor unions, business publications, repayment of prior year compensation to employer, etc.)

	2016 amount	PY amount	
_____			19
_____			20
_____			21
_____			22
_____			23
Tax return preparation fees			24
Total (Lines 19 - 24)			T

Organizer | Itemized Deductions | Miscellaneous

Miscellaneous Deductions Not Subject to 2% Floor

	2016 amount	PY amount	
Amortized Bond Premium:			
_____			25
_____			26
Claim Repayments:			
_____			27
_____			28
Unrecovered Pension Investments:			
_____			29
_____			30
Gambling losses (not to exceed gambling winnings)			T
Total (Lines 25 - 30)			

Organizer | Itemized Deductions | Miscellaneous

Noncash Charitable Contributions

Noncash Contributions

Enter noncash contributions here if your total of ALL noncash contributions is **\$500 or less**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

↓ Description of property contributed and organization name:

prep. use only
20% 50%
30% 100%

2016 amount

1			
2			
3			
4			
5	Total (Lines 1 - 4)		

Enter noncash contributions below if your total of ALL noncash contributions is **greater than \$500**

Note: An appraisal may be required for contributions over \$5000. Include out-of-pocket expenses.

If you donated a vehicle, boat or airplane during 2016, please provide Form 1098-C, the written acknowledgement you received from the charity.

For stock donations, provide the high & low selling prices per share on the date of donation.

Note: Clothing and household goods will be deductible only if in good to excellent condition when donated.

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

↓ Name and Address of Donee*

Description of Donated Property

1		
2		
3		
4		
5		

Contribution Date	Date Acquired	How Acquired	Cost or Basis	Fair Market Value	Method Used to Determine FMV
1					
2					
3					
4					
5					

*Preparer Note: Up to five donee organizations can be entered for each ownership code on the organizer screen.

Organizer | Itemized Deductions | Contributions | Noncash Contrib. > 500

Business Expense Schedule and Form 2106 - Vehicle Expenses

Activity name:

Vehicle Exp Question

Note: Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? 24

Is the evidence written? 25

Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? 26

Was an employer-provided vehicle available for personal use during off-duty hours? 27

Vehicle number (1, 2, 3, 4, 5, or 6) 28

Vehicle description 29

Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? 30

Was the vehicle used primarily by more than a 5% owner or related person? 31

Was another vehicle available for personal use? 32

If you purchased or leased a business auto this year, please provide a copy of your invoice or lease.

Vehicle Mileage

We will determine whether actual expenses or those based on miles driven are better.

2016 amount

PY amount

Total miles driven: 33

Total business miles driven: 34

or percentage of total miles applicable to business (50% = .50) 35

Average daily round trip commuting distance 36

Total commuting miles driven during the year 37

Date acquired (MM/DD/YYYY) 38

Vehicle Expenses

(Include both business & personal amounts)

Note: We will automatically prorate car expenses between business and personal use based on the miles driven.

2016 amount

PY amount

Gasoline, oil, repairs, insurance, etc. 39

State and local taxes (not sales tax) -Do not duplicate 40

Interest (Paid to acquire the car) 41

Vehicle rentals/lease payments 42

Inclusion amount 43

Value of employer-provided vehicle 44

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Miscellaneous vehicle expenses

2016 amount

..... 45

..... 46

..... 47

..... 48

..... 49

..... 50

..... 51

..... 52

..... 53

..... 54

Total (Lines 45-54)

T

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Columnar Vehicle Expense Entry

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Business Expense Schedule and Form 2106 - Depreciation

Activity name: _____

Depreciation and Amortization

Enter all property, including automobiles, and equipment used in your business or occupation, that is related to your "out-of-pocket" expenses for this activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____						T

New Clients For assets placed in service prior to 1/1/2016, please provide a schedule of accumulated depreciation on a per asset basis.

Indicate X if you purchased a vehicle in 2016 which is powered by an electric motor or alternative means _____ 9

If you had any amortization expenses (organizational costs, loan fees, etc.), for this activity, provide details (description, date purchased, cost, life, etc.) below:

_____	10
_____	11
_____	12
_____	13

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Depreciation and Amortization | Asset Detail

Note: If these are Business Expense Schedule assets tied to another entity, follow the navigation cues for that entity.

Notes:

Household Employment Taxes

General Information

Indicate: T = Taxpayer, S = Spouse 1
 Employer ID number 2

Social Security, Medicare, and Income Taxes

Indicate X if:
 You paid **any one** household employee wages of \$2,000 or more in 2016 3
 You withheld Federal income tax during 2016 at the request of any household employee 4
 You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2015 to
 household employees 5
 You have filed Form W-2 for each of the employees you paid wages in 2016. **Attach copy.** 6

Name of household employee	Wages subject to			
	Social security taxes	Medicare taxes	FUTA tax	Federal income tax withheld
.....
.....
.....
.....
.....

Federal Unemployment (FUTA) Tax

The limit is \$7,000 per year per employee.
 Indicate X if:
 You paid unemployment contributions to only one state 12
 You paid all state unemployment contributions for 2016 by April 18, 2017 13
 All wages that are taxable for FUTA tax were also taxable for state's unemployment tax 14
 Complete this section for each state where you have paid unemployment contributions:
 Name of state where you paid unemployment contributions 15
 State reporting number as shown on state unemployment tax return 16
 Contributions you paid to state unemployment fund for 2016 17
 State experience rate period From: To: 18
 State experience rate 19

Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the **Dependent Information Page**

Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings 4

Indicate the employer provided dependent care benefits forfeited in 2016-Taxpayer 5

Indicate the employer provided dependent care benefits forfeited in 2016-Spouse 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

Persons or Organizations Who Provided The Care

Name 7

Street Address 8

City, State and Zip Code 9

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) 10

Amount Paid 11

Phone Number (CA only) 12

Name 13

Street Address 14

City, State and Zip Code 15

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) 16

Amount Paid 17

Phone Number (CA only) 18

Name 19

Street Address 20

City, State and Zip Code 21

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) 22

Amount Paid 23

Phone Number (CA only) 24

Organizer | Credits | Child and Dependent Care Credit | Care Providers

Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse 25

If so, indicate the number of months you or your spouse was disabled 26

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer or **S** for Spouse 27

If so, indicate the number of months for which you or your spouse was a full-time student 28

Indicate the monthly income of the spouse who was a full-time student. Enter "**NONE**" if there is no earned income in a month for which the taxpayer was a full-time student.

January

February

March

April

May

June

July

August

September

October

November

December

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

Credits

Credit For The Elderly And Disabled

General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled

A physician's statement was filed in a prior year

Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MM/DD/YYYY)

Name of Physician

Address of Physician

Spouse

Date of disability retirement if subsequent to 1/1/1977 (MM/DD/YYYY)

Name of Physician

Address of Physician

Organizer | Credits | Elderly or the Disabled Credit

Education Credits - American Opportunity/Lifetime

Please include copies of Form 1098T

American Opportunity Credit Qualifications (all four must be met)

1. As of the beginning of 2016, the student had not completed the first 4 years of post-secondary education.
2. The student was enrolled in 2016 in a program that leads to a degree, certificate, or other recognized educational credential.
3. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2016.
4. The student has not been convicted of a felony for possessing or distributing a controlled substance.

Lifetime Credit Qualifications (these qualifications are less strict than those for the American Opportunity Credit)

Applies:

1. For all years of post-high school education and for courses to acquire or improve job skills
2. For an unlimited number of years
3. To students who may not be pursuing a degree, certificate or credential
4. For one or more courses
5. Even if student has had a felony drug conviction

Taxpayer

Spouse

Dependents

First Name Last Name SSN

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Enter A if qualified
for American Opportunity
Credit, or L if qualified
For Lifetime Credit

Qualified
Education Expenses*
during 2016

* Qualified expenses are amounts paid for tuition, fees, books, supplies and equipment required for the students' enrollment or attendance at an eligible educational institution. (do not include expenses for room and board or nonacademic fees)

NOTES You cannot take the American Opportunity Credit and Lifetime Learning Credit for the same student in the same year. Also, income limits apply to these credits.

Organizer | Credits | Education Credits

Credits - Residential Energy/Alternative Motor Vehicle

Residential Energy Credits

Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified solar electric property costs 1
- qualified solar water heating property costs 2
- qualified small wind property costs 3
- qualified geothermal heat pump property costs 4
- qualified fuel cells* (list expenditures for your main home only). 5
- kilowatt capacity of qualified fuel cell property above 6

Organizer | Credits | Residential Energy Credit

Alternative Motor Vehicle Credit - Includes the following 2 vehicle types that are new vehicles, and used predominantly in the U.S.

Vehicle Type	Vehicle 1			Vehicle 2		
	<u>Year, Make & Model</u>	<u>Vehicle Identification Number (VIN)</u>	<u>Date Placed in Service</u>	<u>Year, Make & Model</u>	<u>Vehicle Identification Number (VIN)</u>	<u>Date Placed in Service</u>
Qualified fuel cell						
Qualified plug-in electric drive						

Organizer | Credits | Alternative Motor Vehicle Credit

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency . . . _____
Name of foreign currency . . . _____

Type of Account

Indicate X for the type of account:

Bank _____ Securities Account _____ Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: _____
Account number or other designation _____
Mailing address of financial institution _____
City _____ State _____ Zip Code _____ Country _____

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Foreign TIN _____ Other _____
Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Foreign TIN _____ Other _____
Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____
First name _____
Middle Initial _____ | TIN Type: SSN _____ Foreign _____ EIN _____
Tax identifying number _____
Street address _____
City _____ State _____ Zip Code _____ Country _____
Filer's Title with this Owner . . . _____

Principal Joint Ownership Information: Enter Information **ONLY** if Spouse is not Joint Owner

First name of joint owner _____
Last Name/Organization name of joint owner _____
Middle Initial of joint owner _____ | TIN Type: SSN _____ Foreign _____ EIN _____
Taxpayer Identification Number of joint owner _____
Address _____
City _____ State _____ Zip Code _____ Country _____

Continuation SheetPage
Reference[illegible]

