

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2014 or 2015) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	ZIP code .....		
	Region .....		
	Postal code .....		
	Country .....		

Please add, change or delete information for 2016.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone .....		<p><b>Daytime Phone</b></p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Taxpayer Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		
Spouse Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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**Please add, change or delete information for 2016.**

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES

NO

**PERSONAL INFORMATION**

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2016?

**DEPENDENTS**

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2016?

Did you have any children under age 19 or full-time students under age 24 at the end of 2016, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?

**HEALTH CARE COVERAGE**

Did you and your dependents have health care coverage for the full-year?

Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.

If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

**INCOME**

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2016?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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**Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
		<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2015 taxes to your 2016 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2017 taxable income and withholdings to be different from 2016?
		<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES	NO	<b>MISCELLANEOUS (continued)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?

Please enter all pertinent 2016 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2016 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2016 information.

**APPLICATION OF 2016 OVERPAYMENT (7.1)**

If you have an overpayment of 2016 taxes, do you want the excess refunded?  or applied to 2017 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2017 ESTIMATED TAX INFORMATION**

Do you expect your 2017 taxable income to be different from 2016? ..... Yes  No   
If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2017 withholding to be different from 2016? ..... Yes  No   
If "yes" explain any differences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1



<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2016 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2015 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/16	2015 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2015 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	<b>2016 Amount</b>	<b>T</b>	<b>S</b>	<b>2015 Amount</b>
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**



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Miscellaneous Income

14.1

Please enter all pertinent 2016 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

14.1

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2016 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2016 1099-G Amount

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2016 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2015 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2016 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2015 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

**INCOME**

	2016 Amount	2015 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year.....		

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2016 Amount	2015 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Capital Gains &amp; Losses (Schedule D)</b>	<b>17</b>
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**If you sold any stocks, bonds, or other investment property in 2016, please list the pertinent information for each sale below or provide a spreadsheet file with this information.  
Be sure to attach all 1099-B forms and brokerage statements.**

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

	<b>17</b>
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**If you sold your home or moved in 2016, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.**

**SALE OF HOME (17)**

Description of property (Box 3).....	
Date acquired (m/d/y).....	
Date sold (m/d/y) (Box 1).....	
Sales price (Box 2).....	
1=sale of home.....	
1=owned and used property as main home for at least 2 of 5 years before sale.....	
1=first-time homebuyer credit was previously taken on this home.....	
1=business use in year of sale.....	
Number of days after December 31, 2008 that home was not used as principal residence.....	

**Adjusted Basis**

Original cost.....	
Improvements:	
_____	
_____	
_____	
Adjusted basis.....	

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

_____	
_____	
_____	
Total expenses of sale.....	

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
**a)** Did not meet the ownership and use tests \*, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
1=sale due to change in health, employment or unforeseen circumstances.....	
Days used as main home - taxpayer.....	
Days used as main home - spouse.....	
Days property owned - taxpayer.....	
Days property owned - spouse.....	

**MOVING EXPENSES (27)** (If you moved because of a change in the location of your job)

1=spouse, 2=joint.....	
1=armed forces move due to permanent change of station.....	
Miles from old home to new work place.....	
Miles from old home to old work place.....	
Expenses for transportation and storage of household goods and personal effects.....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile).....	
Parking fees and tolls.....	
Gas and oil.....	
Miles driven to new home.....	

(\* owned and used property as main home for at least 2 of 5 years before sale)



**Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.**

**GENERAL INFORMATION**

	2016 Amount	2015 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx)..... Percentage of tenant occupancy if not 100% (.xxxx)..... 1=spouse, 2=joint..... 1=qualified joint venture..... 1=nonpassive activity, 2=passive royalty.....		1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business..... 1=rental other than real estate... 1=investment..... 1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

**INCOME**

	2016 Amount	2015 Amount
Rents or royalties received.....		

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**GENERAL INFORMATION**

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

**OIL AND GAS**

	2016 Amount	2015 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

**VACATION HOME**

Number of days personal use .....	
Number of days owned (if optional method elected) .....	

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		
_____		
_____		

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2016 Amount	2015 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2016 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				
1=covered by plan, 2=not covered.....				
2016 payments from 1/1/17 to 4/17/17.....				

**ROTH IRA CONTRIBUTIONS**

	2016 Amount	2015 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....		
Contributions made to date .....		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....				
Plan contribution rate if not .25 (.xxxx).....				
Individual 401k: SE elective deferrals (except Roth) (1=max.)...				
Individual 401k: SE designated Roth contributions (1=max.)...				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....				
Employer matching rate if not .03 (.xxxx).....				
1=nonelective contributions (2%).....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1).....				
Educator expenses (kindergarten thru grade 12)...				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
Other adjustments to income:				
_____				
_____				
_____				

Alimony paid:	Taxpayer		Spouse	
		2015 amt:		2015 amt:
Recipient's first name....				
Recipient's last name....				
Recipient's SSN.....				
Amount paid .....				

Please enter all pertinent 2016 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2016 Amount	TS	2015 Amount
Prescription medicines and drugs.....			
Doctors, dentists and nurses.....			
Hospitals and nursing homes.....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .			
Long-term care premiums - taxpayer.....			
Long-term care premiums - spouse.....			
Insurance reimbursement (enter as a positive number).....			
Lodging and transportation:			
Out-of-pocket expenses.....			
Medical miles driven.....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2016 estimates are automatic.)

State income taxes - 1/16 payment on 2015 state estimate.....			
State income taxes - paid with 2015 state return extension.....			
State income taxes - paid with 2015 state return.....			
State income taxes - paid for prior years and/or to other state.....			
City/local income taxes - 1/16 payment on 2015 city/local estimate.....			
City/local income taxes - paid with 2015 city/local extension.....			
City/local income taxes - paid with 2015 city/local return.....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items).....			
Use taxes paid on 2016 purchases.....			
Use taxes paid with 2015 state return.....			
Sales tax on autos not included above.....			
Sales tax on boats, aircraft, other special items.....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment.....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) . .			
Foreign income taxes.....			
Other taxes:			
_____			
_____			
_____			

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2016 Amount

TS

2015 Amount

_____		
_____		
_____		

Home mortgage interest not reported on Form 1098:

Payee's name .....	_____
Payee's SSN or FEIN ..	_____
Payee's street address .	_____
Payee's city .....	_____
Payee's state .....	_____
Payee's ZIP code .....	_____
Payee's region .....	_____
Payee's postal code .....	_____
Payee's country .....	_____

Amount paid .....		
-------------------	--	--

Points not reported on Form 1098:

_____		
_____		

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

--	--	--

Investment interest (interest on margin accounts):

_____		
_____		

Passive interest .....

--	--	--

Certain home mortgage interest included above (6251) .....

--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____		
_____		
_____		
_____		

Volunteer expenses (out-of-pocket) .....

--	--	--

Number of charitable miles .....

--	--	--

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____		
_____		
_____		
_____		

Volunteer expenses (out-of-pocket) .....

--	--	--

Number of charitable miles .....

--	--	--

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2016 Amount	TS	2015 Amount

30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


30% capital gain property (gifts of capital gain property to 50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues .....

--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Tax return preparation fee .....

Safe deposit box rental .....

--	--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_






If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2016 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2016 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2016 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

	2016 Amount	TS	2015 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2016			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2016			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2016			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2016			
Grandfather debt balance - beginning of year			

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

**Please enter 2016 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

	2016 Amount	2015 Amount
Form .....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Excess casualty losses .....		
Allowable casualty losses .....		
Other direct expenses:		
_____		
_____		
_____		

Please complete the information below if you paid qualified education expenses in 2016 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....  
 First name .....  
 Last name .....  
 Social security number.....  
 Number of years hope credit claimed .....  
 Number of prior years AOC claimed .....  
 1=student was NOT enrolled at least half-time for at least one academic period that began in 2016 (or the first 3 months of 2017 if the qualified expenses were made in 2016) at an eligible institution in a qualified program. ....  
 1=student completed first four years of post-secondary education before 2016. ....  
 1=student was convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance. ....


**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....  
 Street address .....  
 City .....  
 State .....  
 ZIP code .....  
 1=2016 Form 1098-T was NOT received. ....  
 1=2016 Form 1098-T received with Box 2 & 7 completed.....  
 1=2015 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....


**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....  
 Street address .....  
 City .....  
 State .....  
 ZIP code .....  
 1=2016 Form 1098-T was NOT received. ....  
 1=2016 Form 1098-T received with Box 2 & 7 completed.....  
 1=2015 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....


**QUALIFIED EDUCATION EXPENSES**

Qualified tuition & fees paid in 2016 (net of refund or assistance, & not entered elsewhere) .  
 Books & supplies required to be purchased from institution. ....  
 Books & supplies not entered above. ....  
 Amount of prior year refund or assistance \* .....

	2016 Amount	2015 Amount

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.  
 Attach the document with this organizer if you have it.

**GENERAL INFORMATION**

1=entire household covered for all months, 2=no months .....   
 Date married (if in current year).....

**COVERED INDIVIDUAL (#1)**

(a) First name ..   
 (a) Last name ..   
 (b) ID number (SSN or TIN)....   
 (d) 1=covered all 12 months ...   
 (e) Months of coverage:  
 1=November 2015 .....   
 1=December 2015 .....   
 1=January .....   
 1=February .....   
 1=March .....   
 1=April .....   
 1=May .....   
 1=June .....   
 1=July .....   
 1=August .....   
 1=September .....   
 1=October .....   
 1=November .....   
 1=December .....

**COVERED INDIVIDUAL (#2)**

(a) First name ..   
 (a) Last name ..   
 (b) ID number (SSN or TIN)....   
 (d) 1=covered all 12 months ...   
 (e) Months of coverage:  
 1=November 2015 .....   
 1=December 2015 .....   
 1=January .....   
 1=February .....   
 1=March .....   
 1=April .....   
 1=May .....   
 1=June .....   
 1=July .....   
 1=August .....   
 1=September .....   
 1=October .....   
 1=November .....   
 1=December .....

**COVERED INDIVIDUAL (#3)**

(a) First name ..   
 (a) Last name ..   
 (b) ID number (SSN or TIN)....   
 (d) 1=covered all 12 months ...   
 (e) Months of coverage:  
 1=November 2015 .....   
 1=December 2015 .....   
 1=January .....   
 1=February .....   
 1=March .....   
 1=April .....   
 1=May .....   
 1=June .....   
 1=July .....   
 1=August .....   
 1=September .....   
 1=October .....   
 1=November .....   
 1=December .....

**COVERED INDIVIDUAL (#4)**

(a) First name ..   
 (a) Last name ..   
 (b) ID number (SSN or TIN)....   
 (d) 1=covered all 12 months ...   
 (e) Months of coverage:  
 1=November 2015 .....   
 1=December 2015 .....   
 1=January .....   
 1=February .....   
 1=March .....   
 1=April .....   
 1=May .....   
 1=June .....   
 1=July .....   
 1=August .....   
 1=September .....   
 1=October .....   
 1=November .....   
 1=December .....