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**WARRING & COMPANY, LLC, CPA's  
11 NORTH WASHINGTON STREET  
SUITE 720  
ROCKVILLE, MD 20850**

## **2016 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2016 tax return.**

**To save you time, selected information from your 2015 tax return has been entered in this organizer. Please line through any information that does not apply to your 2016 tax return.**

**In some cases, 2015 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**301-924-2160**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**F  
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M**

## **2016 TAX ORGANIZER**

**T  
O**

**WARRING & COMPANY, LLC, CPA's  
11 NORTH WASHINGTON STREET  
SUITE 720  
ROCKVILLE, MD 20850**

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

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**Mail Sheet: Send to Taxpayer  
REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**WARRING & COMPANY, LLC, CPA's  
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**Mail Sheet: Return to Preparer**

WARRING & COMPANY, LLC, CPA's  
11 NORTH WASHINGTON STREET  
SUITE 720  
ROCKVILLE, MD 20850

January 16, 2017

2016 Tax Engagement Understanding Letter

Dear Client:

We sincerely appreciate the opportunity to work with and advise you regarding your income taxes. Below we have outlined our duties and responsibilities as tax preparers, as well as our request for the information needed from you in order to prepare a complete and accurate return.

We will prepare your 2016 federal and state (if applicable) income tax returns from information you provide to us. We will not perform an audit or otherwise verify the data you submit, although we may ask you for clarification of some of the information. We will provide you the 2016 Tax Organizer through email communication (and by other means if you request so), which can be used as a guide in gathering your tax information. Your use of this organizer will assist us in minimizing the amount of time we spend in preparing your tax returns. It is your responsibility to provide us with the information required for the preparation of complete and accurate tax returns. It is also your responsibility that you have all documentation potentially required for substantiation upon examination by any taxing authority. For example, tax laws require that all charitable donations over \$250 require written acknowledgment from the charity. You should retain all such documents, including cost basis, cancelled checks and any other data that form the basis of income, basis and deductions for a minimum of four years, as these may be necessary to prove the accuracy and completeness of the tax returns as filed if requested by a taxing authority.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. Prior to commencing our work, we will discuss the need, and bill you accordingly, for accounting and bookkeeping assistance as we find necessary, for preparation of the income tax returns. We will use our judgment in resolving questions where the law is unclear or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever legally possible.

We encourage you to complete as much of the tax organizer as possible. Most of your 2015

amounts are preprinted, so you can easily verify that recurring items have been included. In addition, we request that you enclose any and all documentation received by the IRS, including, but not limited to, W-2s; 1099s; Forms K-1s; mortgage interest statements; and applicable real estate purchase and sale documentation. We will return original documentation to you upon request. If you made quarterly estimated tax payments during the year, please include the details of amounts, payees and dates paid. Some of the items in the tax organizer may not pertain to you. On the other hand, if the tax organizer excludes pertinent tax matters, please describe these in detail and provide the necessary information. Such items may include marriage, divorce, birth of a child, new job, loan refinance, inheritance, change of residence, etc.

Your returns will be completed as soon as practical after you give us your information. We will need to receive your information by March 24, 2017, to ensure meeting the April 15, 2017 filing deadline. You agree that if your tax returns cannot be completed by April 8, 2017, we will automatically file an extension on your behalf. This may require a tax payment to be made by you on or before April 15, 2017, for an amount approximating any unpaid federal and/or state tax liability. The exact final amount may differ upon receipt of any subsequent information necessary to complete your returns. You agree to assume responsibility for any differences in tax, including interest and penalties, arising out of subsequently filed tax returns.

By submitting your tax information to us, an agreement between you and Warring & Company, LLC exists to provide tax services related to your 2016 income tax return preparation. As a result, you hereby agree to both the terms of this engagement letter and payment in full of our invoices for professional services rendered, which will be billed upon completion of your tax returns. We reserve the right to assess a 1% monthly interest charge on invoices outstanding over 30 days.

Unless your income tax returns do not qualify, we will electronically file the returns from our offices. Prior to doing so, our policy is to forward DRAFT tax returns for your review. Upon your approval of the DRAFT tax returns, we will ask you to sign the appropriate tax forms, granting us the authority to electronically file the tax returns on your behalf.

When you have assembled your 2016 tax data, you may either contact us for an appointment to review your information or forward the information to us by U.S. mail, email or upload to our website. We will contact you with any questions after the information has been reviewed.

We want to express our appreciation for this opportunity to professionally serve you. Please contact James Warring or Joseph Lager directly with any questions or concerns you may have.

Best wishes for a healthy, happy and prosperous New Year.

Very truly yours,

Warring & Company, LLC, CPA's

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ROCKVILLE, MD 20850**

**PRIVACY POLICY**

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

**TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT**

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

**PARTIES TO WHOM WE DISCLOSE INFORMATION**

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

**PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION**

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

\*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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I collect nonpublic personal information about you that is either provided to me by you or obtained by me with your authorization.

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<u>Form</u>	<u>Form</u>		
Alimony Paid or Received .....	13	Gambling Winnings .....	21
Annuity Payments Received .....	9A, 13	Gifts .....	34,35
Application of Refund .....	20	Health Savings Accounts .....	13A
Business Income and Expenses .....	6, 6A	Household Employment Taxes .....	19
Business Use of Home:		Installment Sale Receipts .....	7
Business .....	6D	Interest Income .....	5A
Employee Business Expenses .....	17A	Interest Paid .....	14A
Farm .....	12E	Investment Interest Expense .....	14A
Itemized Deductions .....	16A	IRA Contributions .....	9
Passthrough .....	11B	IRA Distributions .....	9, 13
Rental .....	10E	Keogh Plan Contributions .....	9A
Calendar .....	33	Medical and Dental Expenses .....	14
Casualty or Theft Losses .....	16	Ministerial Income .....	13B
Child and Dependent Care Expenses .....	18	Miscellaneous Income and Adjustments .....	13
Consolidated Brokerage Statements:		Miscellaneous Itemized Deductions .....	16
Interest Income & Foreign Information .....	5E	Mortgage Interest Paid .....	14A
Dividend Income & Foreign Information .....	5F	Moving Expenses .....	8
Sales of Stocks, Securities, Capital Assets & Misc. Income	5G	Partnership Income .....	11
Contributions .....	15	Pension Income .....	9A
Dependent Information .....	3A	Personal Information .....	3
Depreciable Property and Equipment:		Railroad Retirement Benefits .....	13
Business .....	6A	Real Estate Mortgage Investment Conduit Income (REMIC) ....	11
Employee Business Expenses .....	17	Rental and Royalty Income and Expenses .....	10, 10A
Farm .....	12B	Rental of Vacation Home .....	10CONT
Rental and Royalty .....	10B	Roth IRA Contributions/Conversions .....	9
Direct Deposit Information .....	4A	S Corporation Income .....	11
Dividend Income .....	5B	Sale of Stock, Securities and Other Capital Assets .....	7
Education Expenses .....	18	Sale of Your Home .....	8
Educator (Teacher) Expenses .....	13A	Savings Bond Purchases .....	4B
Electronic Filing .....	4	SEP/SIMPLE Plan Contributions .....	9A
Employee Business Expenses .....	17	Social Security Benefits .....	13
Estate Income .....	11	State and Local Tax Refunds .....	13
Farm Income and Expenses .....	12, 12A, 12B	Student Loan Interest .....	13
Federal, State and City Estimated Taxes .....	20, 20A	Taxes Paid .....	14
Foreign Assets .....	5C, 5D	Trust Income .....	11
Foreign Employment Information .....	30, 30A, 30B	Unemployment Compensation .....	13
Foreign Housing Expenses .....	30C	Vehicle/Other Listed Property Information:	
Foreign Taxes .....	32	Business .....	6B, 6C
Foreign Travel and Workdays .....	30D	Employee Business Expenses .....	17
Foreign Wages and Other Income .....	31, 31A, 31B	Farm .....	12C, 12D
		Rental and Royalty .....	10C, 10D
		Partnership/S Corporation .....	11A
		Wages and Salaries .....	3A

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".

TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.

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11 NORTH WASHINGTON STREET  
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The following IRC Section 7216 consent form is provided for illustrative purposes only. CCH cannot provide you with legal advice and the provision of this form or other information should not be considered as such. It is strongly recommended that you seek counsel from your own legal advisor as to the specific consequences to and requirements for you regarding section 7216 and the regulations thereunder and prior to using any legally significant form to ensure that you are in compliance with all applicable laws and regulations.

#### CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

For the purpose of assisting us in preparing your tax return, our firm must send your 2016 tax return information ("Tax Information"), to Overseas Preparer Firm.<sup>1</sup>

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than those related to the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation service(s) that we provide to you and its (their) cost we may decline to provide you with the tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your

You have the ability to request a more limited disclosure of tax return information, such as masking your social security number. However, if you request a disclosure that is more limited than masking your social security number, this tax preparation service may not be available to you.

#### AUTHORIZATION GRANTED

I (We) have read the above information concerning the disclosure of my (our) Tax Information to Overseas Preparer Firm<sup>1</sup>. By signing below, I (we) hereby authorize Preparer<sup>2</sup> to disclose the Tax Information to Overseas Preparer Firm<sup>1</sup>. The disclosure is for the purpose of allowing Overseas Preparer Firm<sup>1</sup> to assist Preparer in the preparation of my (our) 2016 income tax return.

\_\_\_\_\_  
Primary Taxpayer's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Secondary Taxpayer's Signature

\_\_\_\_\_  
Date Signed

Consent Valid Until:

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

Please feel free to inquire if you would like additional information regarding our privacy and confidentiality policies.

---

1

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You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation service(s) that we provide to you and its (their) cost we may decline to provide you with tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

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\_\_\_\_\_  
Primary Taxpayer's Signature

\_\_\_\_\_  
Date Signed

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Secondary Taxpayer's Signature

\_\_\_\_\_  
Date Signed

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## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

To provide you with the best service and value possible, Preparer<sup>1</sup> continuously evaluates opportunities to streamline the preparation of your return. For the purpose of assisting us in preparing your tax return, our firm must send your 2016 tax return information, except for your social security number ("Tax Information"), to CCH, Inc. (the "Service Provider"), which will send the Tax Information to a company that performs data entry, Datamatics Technologies Ltd. ("Datamatics").

Your privacy is important to us. The Tax Information is disclosed and protected through data protection safeguards which are maintained by both the Service Provider and Datamatics. Before your tax return information will be disclosed to the Service Provider (and Datamatics), we will fully mask your social security number. Your social security number will not be visible to the Service Provider (or Datamatics personnel).

The IRS generally requires consent to disclose any information to persons located outside of the United States and requires that the below language be included in any consent form of this type.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than those related to the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation service(s) that we provide to you and its (their) cost we may decline to provide you with the tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you

if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States.

**AUTHORIZATION GRANTED**

I (We) have read the above information concerning the disclosure of my (our) Tax Information. By signing below, I (we) hereby authorize the Service Provider to disclose the Tax Information to Datamatics. The disclosure is for the purpose of allowing Datamatics to assist Preparer in the preparation of my (our) 2016 income tax return.

\_\_\_\_\_  
Primary Taxpayer's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Secondary Taxpayer's Signature

\_\_\_\_\_  
Date Signed

Consent Valid Until:

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Your privacy is important to us. The tax return information is disclosed and protected through data protection safeguards as defined and required by the IRS which are maintained by both the Service Provider and Datamatics. The IRS generally requires consent to disclose any information to persons located outside of the United States and requires that the below language be included in any consent form of this type.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, your tax return information to third parties for purposes other than those related to the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation service(s) that we provide to you and its (their) cost we may decline to provide you with tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States which will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. Section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, federal agencies may not be able to enforce United State laws that protect the privacy of your tax return information against a tax return preparer located outside of the United States to whom the information is disclosed.

You have the ability to request a more limited disclosure of tax return information, such as masking your social security number. However, if you request a disclosure that is more limited than masking your social security number, this tax preparation service may not be available to you.

#### AUTHORIZATION GRANTED

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\_\_\_\_\_  
Primary Taxpayer's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Secondary Taxpayer's Signature

\_\_\_\_\_  
Date Signed

Consent Valid Until:

#### LIMITATION OF DISCLOSURE

- I (We) wish to limit the Tax Information that will be disclosed to Datamatics. By checking this box, I (we) request that my (our) social security number(s) be masked before the Service Provider discloses the Tax Information to Datamatics.

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Please feel free to inquire if you would like additional information regarding our privacy and confidentiality policies.

The following questions pertain to the 2016 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you married? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty? .....	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,050? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents? .....	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.		
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you apply for an exemption through the Marketplace? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the Exemption Certificate Number. _____		
Are any of your dependents required to file a tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Healthcare (continued):**

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an HSA, include all Forms 1099-SA.		
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an MSA, include all Forms 1099-SA.		
Did you or your spouse receive any distributions from long-term care insurance contracts? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-LTC.		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many months were you covered? .....		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many months were you covered? .....		
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Education:**

Did you or your spouse pay any student loan interest? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-Q.		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Deductions and Credits:**

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the appraisal of property contributed.		
An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.		
Did you or your spouse incur any casualty or theft losses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes .....		
	Gallons	Fuel Type
	<input type="text"/>	<input type="text"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Investments:**

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement or Severance:**

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse retire or change jobs? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive deferred, retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, enter the date received (Mo/Da/Yr).	<table border="1" style="width: 100px; height: 20px;"> <tr> <th style="text-align: center;">Date</th> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	Date		
Date				

**Personal Residence:**

Did your address change? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$1,000,000? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Did you or your spouse take out a home equity loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1098-MA.		

**Sale of Your Home:**

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous:**

	<b>Yes</b>	<b>No</b>
Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Additional state pages have been included at the back of the organizer and should be reviewed.**



# Personal Information

**Taxpayer:**

First Name	Middle Init	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	
Driver's License or State-Issued ID Number	Issue Date (Mo/Da/Yr)	Expiration Date (Mo/Da/Yr)	State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	

**Spouse:**

First Name	Middle Init	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	
Driver's License or State-Issued ID Number	Issue Date (Mo/Da/Yr)	Expiration Date (Mo/Da/Yr)	State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	

**Contact Information:**

Street Address	Apartment Number	
City	State	
Foreign Province or County	ZIP Code	
Foreign Country	Foreign Postal Code	
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No

Are you considered legally blind per IRS regulations? .....

Do you want to contribute to the Presidential Election Campaign Fund? .....

Are you a U.S. citizen or Green Card holder? .....

Taxpayer		Spouse	
Yes	No	Yes	No

**Personal identification Numbers:** Code - 1 - Issued by IRS    2 - Issued by State or City

TS	State	City	Code	PIN

**Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---

**Wages and Salaries:**

**Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local

**Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fee and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_

**Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---

**Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

**Opt-Out Statement:**

WARRING & COMPANY, LLC, CPA's has informed me (us) that my (our) 2016 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) signature(s) below represent(s) my (our) agreement that I (we) was (were) not influenced by my (our) preparer or any other member of the firm to sign this statement.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_

**Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Please note that not all returns qualify for electronic filing under IRS rules.

	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your return prepared and filed electronically when you have a balance due? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount here. ....	<input style="width: 150px;" type="text"/>	
If you qualify, would you like to file your state return electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you file more than one state, do you want to file all of them electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

	Yes	No
Would you like to use a randomly generated PIN?		
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_

**Direct Deposit and Electronic Funds Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2015, your account information may already be included below.

	<b>Yes</b>	<b>No</b>		
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any amount due on your federal return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, what amount do you want withdrawn, if not the entire balance due? _____				
If yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your state return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, what amount do you want withdrawn, if not the entire balance due? _____				
If yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your federal return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your state return(s) using electronic withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Name of bank or financial institution .....				
Routing Transit Number (RTN) .....				
Account number .....				
Type of account	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings	<input type="checkbox"/> myRA
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings	
Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	
I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.				<input type="checkbox"/>

---

	<b>Yes</b>	<b>No</b>		
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any amount due on your federal return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, what amount do you want withdrawn, if not the entire balance due? _____				
If yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your state return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, what amount do you want withdrawn, if not the entire balance due? _____				
If yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your federal return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your state return(s) using electronic withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Name of bank or financial institution .....				
Routing Transit Number (RTN) .....				
Account number .....				
Type of account	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings	<input type="checkbox"/> myRA
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings	
Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint	
I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.				<input type="checkbox"/>

# U.S. Series I Savings Bonds Purchase

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Spouse:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....





# Dividend Income

**Dividend Information:**

Include copies of all Forms 1099-DIV or other documents for dividends received

T/SJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2015 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

**Enter Any Additional Information:**

**Note: List all items sold during the year on Form 7.**

# Interest Income and Foreign Information

**Include all Forms 1099-INT or other documents for interest received**

(List all items sold during the year on Form 7.)

**Interest Income:**

Special Interest Code:	2 - Seller Financed	3 - Early Withdrawal Penalty	5 - Accrued Interest	7 - Amortizable Bond
1 - Qualified Educational Series EE Bonds	Mortgage Interest	4 - Nominee Interest	6 - Original Issue Discount Adjustment	Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT    2 - Private Activity Bond    3 - Both

Social Security No. of Home Buyer	Address of Individual to Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2015 Interest Amount
A				
B				
C				
D				
E				

**Foreign Taxes Paid or Accrued:**

Source	Code	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

**Additional State Information:**

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

**Foreign Bank Accounts and Trusts:**

At any time during 2016, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes     No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2016, whether or not you had any beneficial interest in it?

# Dividend Income and Foreign Information

**Include all Forms 1099-DIV or other documents for dividends received**  
(List all items sold during the year on Form 7.)

**Dividend Income:**

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Sec. 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2015 Gross Dividends Amount
A					
B					
C					
D					
E					

↑ Tax-Exempt Interest Code  
1 - 1099-DIV  
2 - Private Activity Bonds  
3 - Both

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

**Foreign Taxes Paid or Accrued:**

Source	Code	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

**Additional State Information:**

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

**Foreign Bank Accounts and Trusts:**

At any time during 2016, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? .....  Yes  No

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2016, whether or not you had any beneficial interest in it? .....  Yes  No

**Note:** If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

**General Information:**

TSJ ..... \_\_\_\_\_  
 Title of filer ..... \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts ..... \_\_\_\_\_

**Foreign Identification:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Passport ..... \_\_\_\_\_  
 Foreign TIN ..... \_\_\_\_\_  
 If not passport or TIN, enter description ..... \_\_\_\_\_  
 Number ..... \_\_\_\_\_  
 Country of issue ..... \_\_\_\_\_

**Information on Foreign Financial Accounts:**

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country
A		
B		

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code:    A - Employer Identification No. (EIN)    B - SSN or TIN    C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A				
B				

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							

**Asset Information:**

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

**If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity**

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity		

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity

**If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity**

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Yes No

Foreign assets were acquired or sold during the tax year .....

**Foreign Bank Accounts and Trusts:**

At any time during 2016, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? .....

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2016, whether or not you had any beneficial interest in it? .....

**Brokerage Statement Details**

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.

<b>Brokerage Name</b>	<b>TSJ</b>	<b>Account Number</b>

<b>Brokerage Address</b>

**Interest Income and Foreign Information**

**Interest Income:** (List all items sold during the year on Form 5G.)

Special Interest Code:	2 - Early Withdrawal Penalty	4 - Accrued Interest	6 - Amortizable Bond
1 - Qualified Educational Series EE Bonds	3 - Nominee Interest	5 - Original Issue Discount Adjustment	Premium Adjustment

	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT    2 - Private Activity Bond    3 - Both

	Code	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	Tax Exempt Bond CUSIP No.	2015 Interest Amount
A							
B							
C							
D							
E							

**Foreign Taxes Paid or Accrued:**

	Source	Code	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A							
B							
C							
D							
E							

**Additional State Information:**

<b>Payer ID</b>	<b>New Hampshire or Illinois Reason Interest is Nontaxable</b>
A	
B	
C	
D	
E	



## Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

**Dividend Income:**

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Source	Form 1099-DIV			
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code
A					
B					
C					
D					
E					

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Sec. 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2015 Gross Dividends Amount
A					
B					
C					
D					
E					

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

**Foreign Taxes Paid or Accrued:**

Source	Code	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

**Additional State Information:**

New Hampshire Reason Dividend is Nontaxable	
A	
B	
C	
D	
E	

# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

**Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities which became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>

	Kind of Property and Description	Gross Sales Price (Less Commissions)	Cost or Other Basis
A			
B			
C			
D			

	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

**Other Income:**

Nature and Source	2016 Amount	2015 Amount

**Other Adjustments to Income:**

Nature and Source	2016 Amount	2015 Amount

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2016 Amount	2015 Amount

**Foreign Bank Accounts and Trusts:**

At any time during 2016, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes  No

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2016, whether or not you had any beneficial interest in it?

**Name of Business:** .....

**Principal Business or Profession:** .....

TSJ .....  
 Employer ID number .....  
 Street address .....  
 City, state, ZIP or postal code and country .....  
 Method of inventory .....  
 Method of accounting .....

**Business Questions for 2016:**

	Yes	No
Did you dispose of this business? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? ..... (Mo/Da/Yr) _____		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>

	2016 Amount	2015 Amount
Health insurance premiums paid for yourself and your dependents .....		

**Income:**

Payment card and third party transactions:  Include all Forms 1099-K

Description	2016 Amount	2015 Amount

Miscellaneous Income:  Include all Forms 1099-MISC


Other Income:

Other gross receipts or sales .....		
Less returns and allowances .....		

**Cost of Goods Sold:**

	2016 Amount	2015 Amount
Beginning inventory .....		
Purchases less cost of items withdrawn for personal use .....		
Cost of labor (do not include amounts paid to yourself) .....		
Materials and supplies .....		

Other Costs of Cost of Goods Sold:

Description	2016 Amount	2015 Amount
Ending inventory .....		







Name of Business: .....

Principal Business or Profession: .....

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .... %

	2016 Amount	2015 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2016 Amount	2015 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	2016 Amount	2015 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... %

Description of vehicle .....

Date vehicle was placed in service .....(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2016	2015
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2016 Amount	2015 Amount





**Name of Business:** .....

**Principal Business or Profession:** .....

**Partial Use of Your Home for Business:**

	2016	2015
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

Was your home used for day care purposes for the entire year? ..... 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Were improvements made to the home and/or home office since the time you began using the home for business? ..... 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County



**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....		
Exchange of any securities or investments for something other than cash .....		
Sales of inherited property .....		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....		
Commodity sales, short sales or straddles .....		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....		
Debts that became uncollectible .....		
Securities that became worthless .....		
Sale of any property where you will receive payments in future years .....		

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:**

**Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2016 Principal Received	2015 Principal Received

**Sale or Exchange of Your Home:**

**Include the closing statements from the purchase and sale of your former and new homes**

**Former Home Information:**

TSJ ..... \_\_\_\_\_  
 Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

**Original Cost and Cost of Improvements:**

Description	Amount

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? .....  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? .....  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

**Moving Expenses:**

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer? .....  Yes  No

Enter reimbursements not included in wages on your Form W-2 .....

**Mileage:**

	Miles
Number of miles from old home to new workplace .....	<input style="width: 100%;" type="text"/>
Number of miles from old home to old workplace .....	<input style="width: 100%;" type="text"/>
Number of automobile miles in move .....	<input style="width: 100%;" type="text"/>

**Transportation Expenses:**

	Amount
Costs of transportation of household goods and personal effects .....	<input style="width: 100%;" type="text"/>
Costs of travel and lodging (do not include meals or automobile expenses) .....	<input style="width: 100%;" type="text"/>
Automobile expenses (gasoline, oil, etc.) .....	<input style="width: 100%;" type="text"/>
Meals (Pennsylvania only) .....	<input style="width: 100%;" type="text"/>



**Pension and Annuities:**

**Include all Forms 1099-R and any nontaxable distribution details**

TSJ	Name of Payer	2016 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2015 Gross Distributions

**Self-Employed Retirement Plan:**

**Include copies of all Forms 1099-R**

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you wish to contribute the maximum amount allowed? .....

Taxpayer		Spouse	
Yes	No	Yes	No

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2016 Amount	2016 Amount

**Location of Property:** \_\_\_\_\_

TSJ ..... \_\_\_\_\_

Type of property ..... \_\_\_\_\_

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

Have you prepared or will you prepare all required Forms 1099? .....

	<b>2016</b>	<b>2015</b>
Ownership percentage if not 100% .....	%	

**Income:**

	<b>2016 Amount</b>	<b>2015 Amount</b>
Rental received .....		
Royalty received .....		

Payment card and third party transactions: Include all Forms 1099-K

Description	2016 Amount	2015 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2016 Amount	2015 Amount

Other income:

Description	2016 Amount	2015 Amount

Location of Property: \_\_\_\_\_

**Expenses:**

	2016 Amount	2015 Amount
Advertising .....		
Auto and travel .....		
Cleaning and maintenance .....		
Commissions .....		
Insurance .....		
Legal and other professional fees .....		
Management fees .....		
Mortgage interest paid to banks, etc. ....		
Mortgage interest paid to individuals .....		
Other interest .....		
Repairs .....		
Supplies .....		
Taxes .....		
Utilities .....		
Dependent care benefits .....		
Employee benefits .....		
Other Expenses:		

Description	2016 Amount	2015 Amount



**Location of Property:** \_\_\_\_\_

**Rental of Vacation Home:**

	2016	2015
How many days was this property rented at fair market value? .....		
How many days was this property used personally (including use by family members)? .....		
How many days was this property owned during year if not 366? .....		
Qualified vacation home mortgage interest .....		
Vacation home real estate taxes .....		

**Mortgage interest paid to individuals:**

ID number ..... \_\_\_\_\_

Name ..... \_\_\_\_\_

Address ..... \_\_\_\_\_

City ..... \_\_\_\_\_

State ..... \_\_\_\_\_

ZIP code ..... \_\_\_\_\_







**Location of Property:** \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .... \_\_\_\_\_ %

	2016 Amount	2015 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

**Other Business Expenses:**

Description	2016 Amount	2015 Amount

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

	2016 Amount	2015 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service .....(Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes? .....  Yes  No

Was your vehicle available for personal use during off-duty hours? .....  Yes  No

	2016	2015
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

**Other Vehicle Expenses:**

Description	2016 Amount	2015 Amount



**Location of Property:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

<b>2016</b>

Square footage of home used exclusively for business .....  
 Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP









**Activity Name:** .....

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .... %

	2016 Amount	2015 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2016 Amount	2015 Amount

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

	2016 Amount	2015 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... %

Description of vehicle .....

Date vehicle was placed in service .....(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2016	2015
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2016 Amount	2015 Amount



**Activity Name:** .....

**Partial Use of Your Home for Business:**

<b>2016</b>

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP



# Farm Income (Page 1 of 2)

**Proprietor's Name:** .....

**Principal Crop or Activity:** ...

TSJ .....  
 Employer identification number .....  
 Method of accounting .....

**Farm Questions for 2016:**

Did you dispose of this farm? .....  **Yes**  **No**  
 If Yes, what was the disposition date? ..... (Mo/Da/Yr) .....  
 Have you prepared or will you prepare all required Forms 1099? .....

	2016 Amount	2015 Amount
Health insurance premiums paid for yourself and your dependents .....		

**Sales of Livestock and Other Items Bought for Resale (Cash Method Only):**

Description	2016		2015	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

**Income (Accrual Method):**

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

**Income:**

	2016 Amount	2015 Amount
Sales of livestock, produce, grains, etc. you raised .....		
Total cooperative distributions (Forms 1099-PATR) .....		
Taxable cooperative distributions .....		
Total agricultural program payments .....		
Taxable agriculture program payments .....		
Total Commodity Credit Corporation (CCC) Loans .....		
Total crop insurance proceeds and certain disaster payments received in 2016 .....		
Taxable crop insurance proceeds received .....		
Crop insurance proceeds deferred from prior year .....		
Custom hire (machine work) income .....		
Federal gasoline tax or fuel tax credit or refund .....		
State gasoline tax or fuel tax credit or refund .....		

# Farm Income (Page 2 of 2)

Proprietor's Name: ..... \_\_\_\_\_

Principal Crop or Activity: ... \_\_\_\_\_

**Income:**

Payment card and third party transactions: Include all Forms 1099-K

Description	2016 Amount	2015 Amount

Government payments: Include all Forms 1099-G

Description	2016 Amount	2015 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2016 Amount	2015 Amount

Other income:

Description	2016 Amount	2015 Amount



**Proprietor's Name:** .....

**Principal Crop or Activity:** ...

**Expenses:**

	2016 Amount	2015 Amount
Business meals and entertainment .....		
Car and truck expenses .....		
Chemicals .....		
Conservation expenses .....		
Custom hire (machine work) .....		
Employee benefit programs and health insurance (other than pension and profit sharing plans) .....		
Feed purchased .....		
Fertilizers and lime .....		
Freight and trucking .....		
Gasoline, fuel and oil .....		
Insurance (other than health) .....		
Interest - mortgage (paid to banks, etc.) .....		
Interest - other .....		
Labor hired .....		
Pension and profit-sharing plans .....		
Rent or lease - vehicles, machinery and equipment .....		
Rent or lease - other (land, animals, etc.) .....		
Repairs and maintenance .....		
Seeds and plants purchased .....		
Storage and warehousing .....		
Supplies purchased .....		
Taxes .....		
Utilities .....		
Veterinary, breeding and medicine .....		
Capitalized preproductive period expenses .....		
Dependent care benefits .....		

**Other Expenses:**

Description	2016 Amount	2015 Amount

**Property and Equipment:** Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Name of Business: .....

Principal Crop or Activity: .....

**Listed Property Questions for 2016:**

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

**If you are an employer who provides vehicles for use by employees:**

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicle:**

Description of vehicle .....

Date placed in service .....(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year .....

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc .....

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....

Vehicle 1	
Description of vehicle .....	
Date placed in service .....(Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service .....(Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount



**Proprietor's Name:** .....

**Principal Crop or Activity:** ...

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .... %

	2016 Amount	2015 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		
<b>Description</b>	<b>2016 Amount</b>	<b>2015 Amount</b>

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

	2016 Amount	2015 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... %

Description of vehicle .....  
 Date vehicle was placed in service .....(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
 Was your vehicle available for personal use during off-duty hours?  Yes  No

	2016	2015
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2016 Amount	2015 Amount



**Proprietor's Name:** .....

**Principal Crop or Activity:** ...

**Partial Use of Your Home for Business:**

<b>2016</b>

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP



Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

**Miscellaneous Income and Adjustments:**

	TSJ ____		TSJ ____	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Unemployment compensation received .....				
Unemployment compensation repaid in 2016 .....				
Social security benefits received .....				
Social security benefits repaid in 2016 .....				
Medicare premiums withheld .....				
Tier 1 railroad retirement benefits received .....				
Tier 1 railroad retirement benefits repaid in 2016 .....				
Total lump sum social security received .....				
Lump sum taxable social security .....				
Other federal withholding .....				
Other state withholding .....				

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	2016 Amount	2015 Amount

**Alimony Paid or Received:**

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2016 Amount	2015 Amount



**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2016 Amount	2015 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2016 Amount	2015 Amount
	Contributions made for 2016		
	Distributions received from all HSAs in 2016		

What type of coverage applies to your high deductible health plan?     Self Only     Family

Were any HSA contributions listed above also shown on your Form W-2? .....  Yes     No

Were all distributions from your HSA for unreimbursed medical expenses? .....  Yes     No

Did you or your spouse enroll in Medicare? .....  Yes     No

    If yes, what month did you enroll? ..... \_\_\_\_\_

    What month did your spouse enroll? ..... \_\_\_\_\_

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2016 Amount	2015 Amount

TS .....

Do you have any expenses associated with a business as a minister? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the name of the business: \_\_\_\_\_

Do you have any expenses associated with your wages received as a minister? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the occupation: \_\_\_\_\_

**Parsonage:**

Fair rental value of parsonage provided by church .....

Utility allowance of parsonage .....

Actual expenses for utilities of parsonage .....

2016 Amount	2015 Amount

**Rental or Parsonage Allowance:**

Parsonage or rental allowance .....

Utility allowance .....

Actual expenses for parsonage .....

Actual expenses for utilities .....

Fair rental value of home, plus the cost of utilities .....

2016 Amount	2015 Amount

**Medical and Dental Expenses:**

	TSJ	2016 Amount	2015 Amount
Prescription medicines and drugs .....			
Total medical insurance premiums paid * .....			
Long-term care expenses .....			
Total insurance reimbursement .....			
Number of miles traveled for medical care .....			
Lodging .....			
Doctors, dentists, etc. ....			
Hospitals .....			
Lab fees .....			
Eyeglasses and contacts .....			

	2016 Amount	2015 Amount
Taxpayer long-term care insurance premiums paid .....		
Spouse long-term care insurance premiums paid .....		

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

TSJ	Description	2016 Amount	2015 Amount

**Taxes Paid:** Include copies of your tax bills

	TSJ	2016 Amount	2015 Amount
Personal property taxes paid (include vehicle taxes) .....			
General sales taxes paid on specified items .....			

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2016 Amount	2015 Amount

**Other Taxes Paid:**

TSJ	Description	2016 Amount	2015 Amount

If you purchased or sold your home in 2016, did you include any taxes from your closing statement in the amounts above? ....  Yes  No

**Mortgage Questions for 2016:**

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? .....		
Did you purchase a new home or sell your former home during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did you Receive Form 1098?		2016 Amount	2015 Amount
		Yes	No		

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2016 Amount	2015 Amount
	Name	Address			

**Deductible Points:**

TSJ	Paid To	Did you Receive Form 1098?		2016 Amount	2015 Amount
		Yes	No		

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount	2015 Amount

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2016 Amount	2015 Amount

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2016 Amount	2015 Amount

TSJ	Conservation Real Property	2016 Amount	2015 Amount
	100% limit		
	50% limit		

TSJ	Description	2016 Miles	2015 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2016 Amount	2015 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ .....

Description of the donated property .....

Donee organization name .....

Donee organization address .....

Date the property was acquired by the taxpayer ..... (Mo/Da/Yr) .....

Date the property was donated ..... (Mo/Da/Yr) .....

Cost or basis of the donated property .....

Fair market value of the donated property .....

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

Appraisal     
  Thrift shop value     
  Catalog     
  Comparable sale

Other - please explain .....

Which of the following describes how this donated property was acquired?

Purchase     
  Gift     
  Inheritance     
  Exchange

**Miscellaneous Itemized Deductions:**

	TSJ	2016 Amount	2015 Amount
Union and professional dues .....			
Tax preparation fee .....			
Professional subscriptions .....			
Hobby expense (To extent of income) .....			
Safe deposit box .....			
Uniforms and protective clothing .....			
Work tools .....			
Gambling losses .....			
Estate Taxes .....			

**Other Itemized Deductions:**

Examples:

- \* Certain legal and accounting fees
- \* Investment expenses
- \* Custodial fees
- \* Employment agency fees
- \* Certain educational expenses

TSJ	Description	2016 Amount	2015 Amount

**Casualty or Theft Loss:**

TSJ ..... \_\_\_\_\_

Property description ..... \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use     
  Business use     
  Income producing     
  Employee Use     
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



**Partial Use of Your Home for Business:**

	2016	2015
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

	Yes	No
Was your home used for day care purposes for the entire year? .....		
Were improvements made to the home and/or home office since the time you began using the home for business? .....		

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP





TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Business Expenses:**

**Enter all expenses at 100 percent**

**Include all documentation**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2016 Amount	2015 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2016 Amount	2015 Amount

**Reimbursements:**

**List only reimbursements NOT reported in Box 1 of your Form W-2**

	2016 Amount	2015 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

**Include all documentation**

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service .....(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
 Was your vehicle available for personal use during off-duty hours?  Yes  No

	2016	2015
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2016 Amount	2015 Amount



## Employee Business Expenses- Business Use of Home

**Partial Use of Your Home for Business:**

	2016	2015
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

Was your home used for day care purposes for the entire year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were improvements made to the home and/or home office since the time you began using the home for business? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County



## Child/Dependent Care Expenses & Education Expenses

### Child/Dependent Care Expenses:

#### General Information:

TSJ .....

Were you or your spouse a full time student or disabled? .....  Yes  No

Did you pay an individual for services performed in your home? .....  Yes  No

Expenses incurred in 2015 but paid in 2016 .....

Employer-provided dependent care benefits that were forfeited in 2016 .....

2015 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....

Last name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

	2016 Amount	2015 Amount
Expenses incurred and paid in 2016 .....		
Expenses incurred and not paid in 2016 .....		

**Provider 2:**

Name .....

Last name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

	2016 Amount	2015 Amount
Expenses incurred and paid in 2016 .....		
Expenses incurred and not paid in 2016 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2016 Expenses Incurred	2015 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2016 Qualified Expenses

**General Information:**

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,000 or more in 2016?  **Yes**  **No**

Did you withhold any federal income tax from wages paid to any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016?

**Social Security, Medicare and Income Taxes:**

	2016 Amount	2015 Amount
Cash wages subject to social security taxes .....		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....		
Cash wages subject to additional Medicare tax withholding .....		
Federal income tax withheld .....		
State disability plan payments subject to social security taxes .....		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....		

**Federal Unemployment (FUTA) Tax:**

Did you pay unemployment contributions to more than one state?  **Yes**  **No**

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?

State	Total Cash Wages Subject to FUTA

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2017

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2015 Amount

**Refund Application:**

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

Refunded .....  Yes  No  
 Applied to your 2017 estimated tax liability .....  Yes  No

**Federal Estimated Tax Payments:**

2016 1st Quarter Estimate .....(Due 04-18-2016)  
 2016 2nd Quarter Estimate .....(Due 06-15-2016)  
 2016 3rd Quarter Estimate .....(Due 09-15-2016)  
 2016 4th Quarter Estimate .....(Due 01-17-2017)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 overpayment applied to 2016 estimate .....

**Tax Planning Information for Tax Year 2017:**

Do you expect any of the following to occur in 2017?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered Yes to any of the above questions, provide details.**




**State and City Estimated Tax Payments:**

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate .....		
2016 2nd Quarter Estimate .....		
2016 3rd Quarter Estimate .....		
2016 4th Quarter Estimate .....		

If you have any overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax liability? .....  Yes  No

2015 overpayment applied to 2016 estimate .....

Balance of prior year(s)' tax paid in 2016 plus amount paid with 2015 extensions .....

Estimated tax payments for 2015 paid in 2016 .....

**State and City Estimated Tax Payments:**

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate .....		
2016 2nd Quarter Estimate .....		
2016 3rd Quarter Estimate .....		
2016 4th Quarter Estimate .....		

If you have any overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax liability? .....  Yes  No

2015 overpayment applied to 2016 estimate .....

Balance of prior year(s)' tax paid in 2016 plus amount paid with 2015 extensions .....

Estimated tax payments for 2015 paid in 2016 .....

**State and City Estimated Tax Payments:**

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate .....		
2016 2nd Quarter Estimate .....		
2016 3rd Quarter Estimate .....		
2016 4th Quarter Estimate .....		

If you have any overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax liability? .....  Yes  No

2015 overpayment applied to 2016 estimate .....

Balance of prior year(s)' tax paid in 2016 plus amount paid with 2015 extensions .....

Estimated tax payments for 2015 paid in 2016 .....



## Foreign Employment Information (Page 1 of 3)

**General Information:**

TS .....

Foreign address

Street address .....

City .....

State or province .....

ZIP code .....

Foreign country code .....

Name of employer .....

Employer's U.S. address

Street address .....

City .....

State .....

ZIP code .....

Employer's foreign address

Street address .....

City .....

State or province .....

ZIP code .....

Foreign country code .....

Employer type: Foreign entity, U.S. company,  
Foreign affiliate of a U.S. company, Self .....

Enter the last year that Form 2555 was  
filed to claim either of the exclusions .....

Type of exclusions revoked in prior years .....

Year exclusion revoked .....

If a separate foreign residence was maintained for your  
family due to adverse living conditions, please provide  
the city, country, and number of days maintained .....

List tax home(s) during tax year and dates established .....

Country of citizenry or nationality .....

Qualified housing expenses for the tax year .....

Adjustment to employer provided amounts for qualified  
housing expense .....

**Tax Home History:**

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home .....			
First previous tax home .....			
Second previous tax home .....			
Third previous tax home .....			

## Foreign Employment Information (Page 2 of 3)

**Bona Fide Residence Test Information:**

Beginning date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Ending date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer ..... \_\_\_\_\_

If any family members lived abroad with you during any part of the tax year, enter their names. Include the dates when the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you were not a resident of their country? .....	<b>Yes</b>	<b>No</b>
Were you required to pay income tax in that country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Does the foreign country have an income tax? .....	<input type="checkbox"/>	<input type="checkbox"/>

State any contractual terms or other conditions relating to the length of employment abroad ..... \_\_\_\_\_

What type of visa was used to enter the foreign country? ..... \_\_\_\_\_

Explain any limitations of the visa as to length of stay or employment in a foreign country ..... \_\_\_\_\_

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address ..... \_\_\_\_\_

City ..... \_\_\_\_\_

State ..... \_\_\_\_\_

ZIP Code ..... \_\_\_\_\_

X if rented ..... \_\_\_\_\_

Occupants			
First Name	MI	Last Name	Relationship



Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Type of currency .....			
Rent .....			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) .....			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) .....			
Utilities (but not telephone charges) .....			
Real and personal property insurance .....			
"Key money" or other similar nonrefundable deposits paid to secure a lease .....			
Repairs and maintenance .....			
Furniture rental .....			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page) .....			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses .....			
----------------------	--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises:

(If you resided in a camp, you are considered to be on the business premises of your employer.)

	<b>Yes</b>	<b>No</b>
To you .....	<input type="checkbox"/>	<input type="checkbox"/>
To your family members .....	<input type="checkbox"/>	<input type="checkbox"/>

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.			
Dates(Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**	
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign
				January 31				
				February 29				
				March 31				
				April 30				
				May 31				
				June 30				
				July 31				
				August 31				
				September 30				
				October 31				
				November 30				
				December 31				
				<b>Total</b> 366				

\* Weekends, holidays, vacation, sick, etc.

\*\* Include weekends and holidays if you worked on these days.

During 2016, in which state(s)/city(ies) did you work?

List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in ..... 2015 \_\_\_\_\_ 2014 \_\_\_\_\_

# Foreign Wages and Other Income (Page 1 of 2)

**Foreign Questions for 2016:**

- If you will be outside the U.S., do you want an automatic extension if you qualify? .....
  - Will any tax due be paid with the extension? .....
  - If you were working outside the U.S., did you terminate your foreign employment in 2016? .....
  - Did you have foreign income derived from sources within designated "Boycott Activities"? .....
- If Yes, please provide all information pertaining to the boycott activities.

Yes	No

**Include all copies of your current year Forms W-2 or other wage statements**

**Foreign Source Wages and Salaries:**

TS \_\_\_\_\_ Employer name .....

Employer address .....

Employer city .....

Employer state .....

Employer ZIP .....

Employer foreign country .....

	2016 Amount	2015 Amount
Base wages .....		
Federal tax withheld .....		
FICA withheld .....		
Medicare tax withheld .....		
Days in foreign country before foreign assignment .....		
Days in foreign country after foreign assignment .....		
Days in U.S. while on foreign assignment .....		

**Allowances and Reimbursements:**

	2016 Amount	2015 Amount
Cost of living and overseas differential .....		
Moving expense reimbursement .....		
Family .....		
Education .....		
Home leave .....		
Quarters .....		
Bonus .....		
Stock option - current year .....		
Foreign tax reimbursement .....		
Survivor's insurance .....		
Automobile .....		
Hardship premium .....		
Home gross salary .....		
Tax adjustment - current year .....		
Gross up .....		
Mobility premium .....		
Relocation allocation .....		
Wire transfer allowance .....		
Home housing allowance .....		
Home gross entitlement .....		
Home net entitlement .....		
Variable pay rewards .....		
Miscellaneous .....		
Imputed tax preparation fees .....		
Home country pension cost .....		
401 (k) reductions .....		





**You may skip this page if company statements for this information are provided.**

**NOTE:** If you received income in 2016 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

**Compensation:** **You must Provide the originals of Form W-2**

Employer:	Taxpayer	Spouse
Gross base salary .....		
Tax deferred savings (401K) .....		
Bonus - 2016 .....		
Bonus - other years .....		
Indicate year(s) _____		
Cost of living allowance .....		
Education .....		
Dependent travel .....		
Housing .....		
Group life insurance .....		
Tax equalization .....		
Foreign taxes reimbursed - 2016 .....		
- 2015 and prior years .....		
Moving .....		

Other Allowances - Description	Taxpayer	Spouse

Non-cash Remuneration:	Taxpayer	Spouse
Home (lodging) .....		
Meals .....		
Car .....		

**For additional employers, provide details on a continuation sheet.**



2015

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		

  

May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6			1	2	3	4							1	
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	23	24	25	26	27	28	29	
31														30	31					30	31						

  

September							October							November							December							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7				1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31			

2016

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6			1	2	3	4	5						1	2
3	4	5	6	7	8	9	7	8	9	10	11	12	13	6	7	8	9	10	11	12	3	4	5	6	7	8	9
10	11	12	13	14	15	16	14	15	16	17	18	19	20	13	14	15	16	17	18	19	10	11	12	13	14	15	16
17	18	19	20	21	22	23	21	22	23	24	25	26	27	20	21	22	23	24	25	26	17	18	19	20	21	22	23
24	25	26	27	28	29	30	28	29						27	28	29	30	31	24	25	26	27	28	29	30		
31																											

  

May							June							July							August							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6	7				1	2	3	4						1	2			1	2	3	4	5	6
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31				
														31														

  

September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3						1			1	2	3	4	5						1	2	3
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
							30	31																			

2017

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4			1	2	3	4							1	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30	31					26	27	28					26	27	28	29	30	31	23	24	25	26	27	28	29	
																				30							

  

May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3							1			1	2	3	4	5
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30	31		
														30	31												

  

September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2		1	2	3	4	5	6	7			1	2	3	4						1	2	
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
																				31							

**NOTE: Only complete Forms 34 and/or 35 if in 2016:**

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....			
Address of person .....			
Your relationship to the person (e.g., son, granddaughter or friend) .....			
Age of the person .....			
Date(s) of gift(s) ..... (Mo/Da/Yr) .....			
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....			
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....			
Address of person .....			
Your relationship to the person (e.g., son, granddaughter or friend) .....			
Age of the person .....			
Date(s) of gift(s) ..... (Mo/Da/Yr) .....			
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....			
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift .....

Name of the trustee .....

Address of the trustee .....

Trust identification number .....

Name of the beneficiary of the trust .....

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) .....

Age of the beneficiary .....

Date(s) of gift(s) ..... (Mo/Da/Yr) .....

Description and amount of assets gifted  
(e.g., \$14,000 in cash or 500 shares of ABC stock) .....

Cost basis of assets gifted if other than cash .....

Value of assets gifted if other than cash .....

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**



## 2016 Tax Return Checklist

Client Name: .....

Prior Year	Current Year
------------	--------------

**Income:**

Wages (IRS W-2) .....		
Interest Income (IRS 1099-INT) .....		
Dividend Income (IRS 1099-DIV) .....		
Brokerage Statements (Form 1099-A,B,S) .....		
IRA/Pension/Annuity Income (IRS 1099R) .....		
Schedule K-1s (IRS K-1) .....		
Miscellaneous Income and Adjustments (IRS-1099-MISC, G) .....		
Rent and Royalty Income .....		

**Itemized Deductions:**

Medical/Dental Expenses .....		
Real Estate Taxes .....		
Property Taxes .....		
Mortgage Interest (Form 1098) .....		
Charitable Contributions .....		

**Other:**

Estimated Tax Payments .....		
------------------------------	--	--

\* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investment, etc.





















2016

## Itemized Deductions

TSJ	Description	Prior Year Amount	Information Included (X or ✓)
-----	-------------	-------------------	-------------------------------

**Medical/Dental Expenses:**


**Real Estate Taxes:**


**Property Tax:**


**Mortgage Interest:**


**Charitable Contributions:**


# Federal, State, and City Tax Payments

**Refund Applications:**

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

Refunded .....  Yes  No  
 Applied to next year's estimated tax liability .....  Yes  No

**Federal Estimated Tax Payments:**

- 2016 1st Quarter Estimate ..... (Due 04-18-2016)
- 2016 2nd Quarter Estimate ..... (Due 06-15-2016)
- 2016 3rd Quarter Estimate ..... (Due 09-15-2016)
- 2016 4th Quarter Estimate ..... (Due 01-17-2017)

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

**State and City Estimated Tax Payments:**

- 2016 1st Quarter Estimate .....
- 2016 2nd Quarter Estimate .....
- 2016 3rd Quarter Estimate .....
- 2016 4th Quarter Estimate .....

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

- 2016 1st Quarter Estimate .....
- 2016 2nd Quarter Estimate .....
- 2016 3rd Quarter Estimate .....
- 2016 4th Quarter Estimate .....

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

- 2016 1st Quarter Estimate .....
- 2016 2nd Quarter Estimate .....
- 2016 3rd Quarter Estimate .....
- 2016 4th Quarter Estimate .....

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

- 2016 1st Quarter Estimate .....
- 2016 2nd Quarter Estimate .....
- 2016 3rd Quarter Estimate .....
- 2016 4th Quarter Estimate .....

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid