

## Questions

Please check the appropriate box and include all necessary details.

	Yes	No
<b>Personal Information</b>		
Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>
If so, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want any tax refunds directly deposited into your bank account?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If so, please verify or provide bank account information on page 3 of the organizer</b>		
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If so, explain: _____		
Did any of your dependents have income of \$1,000 or more (\$400 if self-employed)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support of any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Was any dependent child a SC Life or Palmetto Fellows Scholarship recipient?	<input type="checkbox"/>	<input type="checkbox"/>
Were you entitled to a dependency exemption under a divorce decree?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchase, Sales and Debt information</b>		
Did you buy or sell your primary residence or any other real estate?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please provide HUD settlement statement		
Did you dispose of any stocks or bonds?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please ensure the purchase dates and costs are provided		
Did you refinance a principal residence or second home?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please provide HUD settlement statement		
Did you buy or sell any business, rental or other investment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Were you granted or did you exercise any stock options?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from an IRA or other qualified plan?	<input type="checkbox"/>	<input type="checkbox"/>
Were any IRA or plan distributions rolled over into another IRA or qualified plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive distributions from a health savings account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you surrender any life insurance policies or have any mature?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Itemized Deduction Information</b>		
Did you pay any significant medical costs (over 7.5% of your income)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any health insurance costs other than through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any non-cash charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur a casualty or theft loss?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any unreimbursed business expenses, including auto mileage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases which you paid no sales tax?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Deduction or Credit Information</b>		
Did you make any contributions to an IRA or other qualified plan?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in making an IRA or other qualified plan contribution, if eligible?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational costs?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you pay any adoption related expenses?
- Did you incur moving costs because of a job change?
- Did you pay any domestic or caregiver costs?
- Did you make any health savings account contributions?
- Did you pay any student loan interest?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you use any portion of you home exclusively for business purposes?

**Miscellaneous Information**

- Did you make gifts of more than \$14,000 to any individual?
- Did you engage in any bartering transactions?
- Did you own or have signatory authority over a foreign bank or security account?**
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: \_\_\_\_\_
- Do you want to designate \$3 to the Presidential Election Campaign Fund?
- Do you want us to be able to discuss your tax return with the IRS and state agencies?
- Are you aware of any changes to income, deductions or credits reported on any prior year returns?

**Please confirm any estimated tax payments made on page 5 and 6 of the organizer**

**Please note any assets no longer in service on page(s) 83 of the organizer**

**Other questions or comments:**

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### Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_[3]

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

### Present Mailing Address

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 Foreign phone number \_\_\_\_\_ [47]  
 In care of addressee \_\_\_\_\_ [48]

### Dependent Information

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

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

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]  
 Social security number of qualifying person \_\_\_\_\_ [51]

#### Dependent Codes

- |                  |  |                |  |
|------------------|--|----------------|--|
| <b>*Basic</b>    | 1 = Child who lived with you   | <b>**Other</b> | 1 = Student (Age 19 - 23)                        |
|                  | 2 = Child who did not live with you  |                | 2 = Disabled dependent                           |
|                  | 3 = Other dependent  |                | 3 = Dependent who is both a student and disabled |
|                  | 5 = Qualifying child for Earned Income Credit only   |                |  |
|                  | 6 = Children who lived with you, but do not qualify for Earned Income Credit                     |                |  |
|                  | 7 = Children who lived with you, but do not qualify for Child Tax Credit                         |                |  |
|                  | 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit |                |  |
| <b>***Months</b> | 77 = Reported on odd year return   |                |  |
|                  | 88 = Reported on even year return  |                |  |
|                  | 99 = Not reported on return  |                |  |

Preparer - Enter on Screen Contact

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

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

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

**Taxpayer**

**Spouse**

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

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

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

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

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

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

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

Preferred method of contact:

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

**NOTES/QUESTIONS:**

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

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

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

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

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

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

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

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

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

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

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

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

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

- Refunded \_\_\_\_\_ [52]
- Applied to 2017 estimated tax liability \_\_\_\_\_ [53]

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

If yes, please explain any differences:

\_\_\_\_\_ [55]  
 \_\_\_\_\_ [56]  
 \_\_\_\_\_ [57]  
 \_\_\_\_\_ [58]

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

If yes, please explain any differences:

\_\_\_\_\_ [60]  
 \_\_\_\_\_ [61]  
 \_\_\_\_\_ [62]  
 \_\_\_\_\_ [63]

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

If yes, please explain any differences:

\_\_\_\_\_ [65]  
 \_\_\_\_\_ [66]  
 \_\_\_\_\_ [67]  
 \_\_\_\_\_ [68]

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

If yes, please explain any differences:

\_\_\_\_\_ [70]  
 \_\_\_\_\_ [71]  
 \_\_\_\_\_ [72]  
 \_\_\_\_\_ [73]

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

**2016 Federal Estimated Tax Payments**

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

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

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

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

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

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2015 return + \_\_\_\_\_ [3]

2015 overpayment applied to '16 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

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

**2016 City Estimated Tax Payments**

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

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

**Calculated Amount**

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

**Calculated Amount**

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

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

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

**Calculated Amount**

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

**Calculated Amount**

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

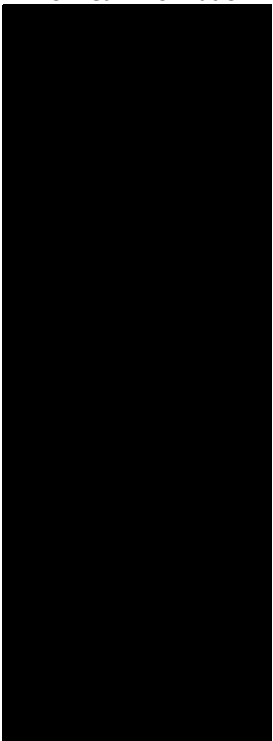
### Wages and Salaries #1

Please provide all copies of Form W-2.

#### 2016 Information

#### Prior Year Information

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



	<b>Control Totals +</b>	
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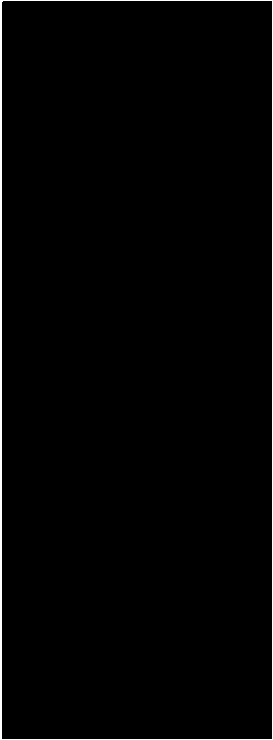
### Wages and Salaries #2

Please provide all copies of Form W-2.

#### 2016 Information

#### Prior Year Information

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



	<b>Control Totals +</b>	
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### Interest Income

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

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

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

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

	Control Totals +	<b>INCOME</b>	Form ID: B-1
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### Dividend Income

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


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

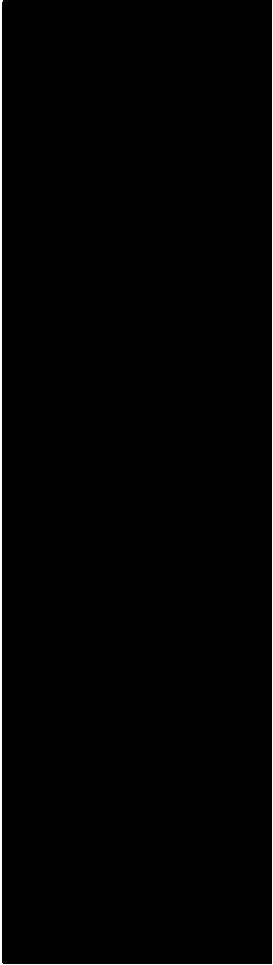
<b>T</b>	<b>S</b>	<b>Type</b>		<b>Ordinary</b>	<b>Qualified</b>	<b>Total</b>		<b>28%</b>	<b>Tax Exempt</b>	<b>U.S.</b>	<b>Tax Exempt*</b>	<b>Foreign</b>	<b>Prior Year</b>
<b>J</b>	<b>Code</b>	(**See codes below)		<b>Dividends</b>	<b>Dividends</b>	<b>Cap Gain</b>	<b>Section 1250</b>	<b>Capital Gain</b>	<b>Dividends</b>	<b>Obligations*</b>	<b>\$ or %</b>	<b>Taxes</b>	<b>Information</b>
				[2]		<b>Distributions</b>				<b>\$ or %</b>	<b>\$ or %</b>	<b>Paid</b>	

<b>1</b>	Payer												
	Amounts	+											
<b>2</b>	Payer												
	Amounts	+											
<b>3</b>	Payer												
	Amounts	+											
<b>4</b>	Payer												
	Amounts	+											
<b>5</b>	Payer												
	Amounts	+											
<b>6</b>	Payer												
	Amounts	+											
<b>7</b>	Payer												
	Amounts	+											
<b>8</b>	Payer												
	Amounts	+											
<b>9</b>	Payer												
	Amounts	+											
<b>10</b>	Payer												
	Amounts	+											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee



	2016 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]		
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends	+ _____ [17]	+ _____ [18]	

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2016 Information	Prior Year Information
			+ _____ [14]	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

NOTES/QUESTIONS:

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

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (Box 12) + \_\_\_\_\_ [17]  
 Local withholding (Box 15) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]



**Control Totals +**

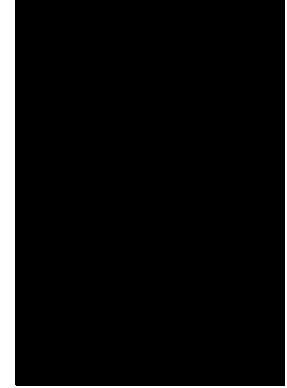
**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (Box 12) + \_\_\_\_\_ [17]  
 Local withholding (Box 15) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]



**Control Totals +**

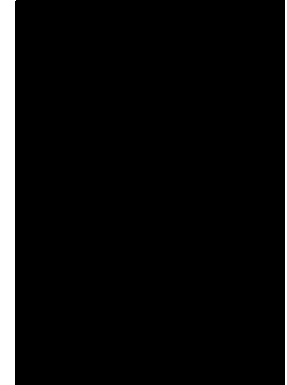
**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (Box 12) + \_\_\_\_\_ [17]  
 Local withholding (Box 15) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]



**Control Totals +**

**NOTES/QUESTIONS:**

**Social Security, Tier 1 Railroad Benefits**

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

Taxpayer/Spouse (T, S)  
State postal code

\_\_ [1]  
\_\_ [2]

**Social Security Benefits**

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

	2016 Information	Prior Year Information
Net Benefits for 2016 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

**Tier 1 Railroad Benefits**

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

	2016 Information	Prior Year Information
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2016 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

**Additional Information About Benefits Received**

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

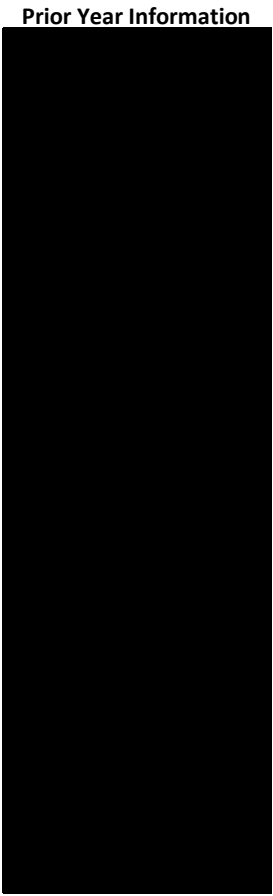
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[40]  
[41]  
[42]  
[43]  
[44]

**NOTES/QUESTIONS:**

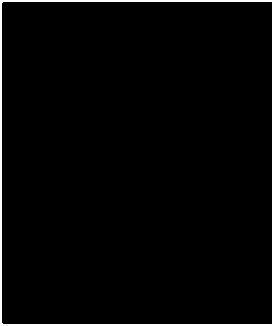
Preparer use only

	2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16]    _____ [17]    _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	
If other enter explanation:	_____ [24]	
_____ [24]		
_____ [24]		
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____ [25]		
_____ [25]		
Did you "materially participate" in this business? (Y, N)	_____ [26]	
If not, number of hours you did significantly participate	_____ [28]	
Mark if you began or acquired this business in 2016	_____ [30]	
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y, N)	_____ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	
Medical insurance premiums paid by this activity	+ _____ [41]	
Long-term care premiums paid by this activity	+ _____ [45]	
Amount of wages received as a statutory employee	+ _____ [48]	



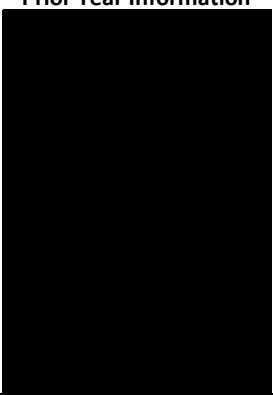
**Business Income**

	2016 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [53]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:		
_____	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	



**Cost of Goods Sold**

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



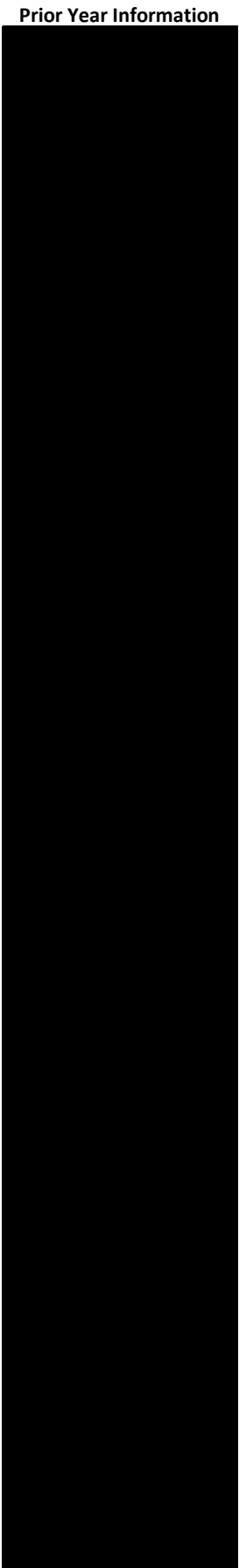
Control Totals +

**BUSINESS**

**Preparer use only**

Principal business or profession \_\_\_\_\_

	<b>2016 Information</b>	<b>Prior Year Information</b>
Advertising	+ _____ [6]	
Car and truck expenses	+ _____ [8]	
Commissions and fees	+ _____ [10]	
Contract labor	+ _____ [12]	
Depletion	+ _____ [14]	
Depreciation	+ _____ [16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____ [18]	
_____	+ _____	
Insurance (Other than health):		
_____	+ _____ [20]	
_____	+ _____	
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Other:		
_____	+ _____ [24]	
_____	+ _____	
Legal and professional services	+ _____ [26]	
Office expense	+ _____ [29]	
Pension and profit sharing:		
_____	+ _____ [31]	
_____	+ _____	
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [33]	
Other business property	+ _____ [35]	
Repairs and maintenance	+ _____ [37]	
Supplies	+ _____ [39]	
Taxes and licenses:		
_____	+ _____ [41]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Travel, meals, and entertainment:		
Travel	+ _____ [43]	
Meals and entertainment	+ _____ [45]	
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]	
Utilities	+ _____ [51]	
Wages (Less employment credit):		
_____	+ _____ [53]	
_____	+ _____	
Other expenses:		
_____	+ _____ [55]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	





Preparer use only

Principal business or profession \_\_\_\_\_

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

NOTES/QUESTIONS:

**Preparer use only**

**2016 Information**

**Prior Year Information**

Description \_\_\_\_\_ [2]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_ [3] State postal code \_\_\_\_\_ [5]  
 Physical address: Street \_\_\_\_\_ [6]  
 City, state, zip code \_\_\_\_\_ [7] \_\_\_\_\_ [8] \_\_\_\_\_ [9]  
 Foreign country \_\_\_\_\_ [11]  
 Foreign province/county \_\_\_\_\_ [12]  
 Foreign postal code \_\_\_\_\_ [13]  
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) \_\_\_\_\_ [14]  
 Description of other type (Type code #8) \_\_\_\_\_ [15]  
 Did you make any payments in 2016 that require you to file Form(s) 1099? (Y,N) \_\_\_\_\_ [16]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [18]  
 Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) \_\_\_\_\_ [20]  
 Percentage of ownership if not 100% \_\_\_\_\_ [22]  
 Business use percentage, if not 100% (Not vacation home percentage) \_\_\_\_\_ [24]



**Rent and Royalty Income**

**Rents and royalties**

**2016 Information**

**Prior Year Information**

\_\_\_\_\_ + \_\_\_\_\_ [34]  
 \_\_\_\_\_



**Rent and Royalty Expenses**

**2016 Information**

**Percent if not 100%**

**Prior Year Information**

Advertising + \_\_\_\_\_ [36] \_\_\_\_\_ [37]  
 Auto + \_\_\_\_\_ [39] \_\_\_\_\_ [40]  
 Travel + \_\_\_\_\_ [42] \_\_\_\_\_ [43]  
 Cleaning and maintenance + \_\_\_\_\_ [45] \_\_\_\_\_ [46]  
 Commissions:  
 \_\_\_\_\_ + \_\_\_\_\_ [48] \_\_\_\_\_ [50]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Insurance:  
 \_\_\_\_\_ + \_\_\_\_\_ [51] \_\_\_\_\_ [53]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Legal and professional fees + \_\_\_\_\_ [55] \_\_\_\_\_ [56]  
 Management fees:  
 \_\_\_\_\_ + \_\_\_\_\_ [58] \_\_\_\_\_ [60]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Mortgage interest paid to banks, etc (Form 1098)  
 \_\_\_\_\_ + \_\_\_\_\_ [61] \_\_\_\_\_ [63]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Other mortgage interest + \_\_\_\_\_ [64] \_\_\_\_\_ [66]  
 Qualified mortgage insurance premiums + \_\_\_\_\_ [67] \_\_\_\_\_ [68]  
 Other interest:  
 \_\_\_\_\_ + \_\_\_\_\_ [70] \_\_\_\_\_ [72]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Repairs + \_\_\_\_\_ [73] \_\_\_\_\_ [74]  
 Supplies + \_\_\_\_\_ [76] \_\_\_\_\_ [77]  
 Taxes:  
 \_\_\_\_\_ + \_\_\_\_\_ [79] \_\_\_\_\_ [81]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Utilities + \_\_\_\_\_ [82] \_\_\_\_\_ [83]  
 Depreciation + \_\_\_\_\_ [85] \_\_\_\_\_ [86]  
 Depletion + \_\_\_\_\_ [88] \_\_\_\_\_ [89]  
 Other expenses:  
 \_\_\_\_\_ + \_\_\_\_\_ [91] \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_



**Control Totals +**

**RENT & ROYALTY**

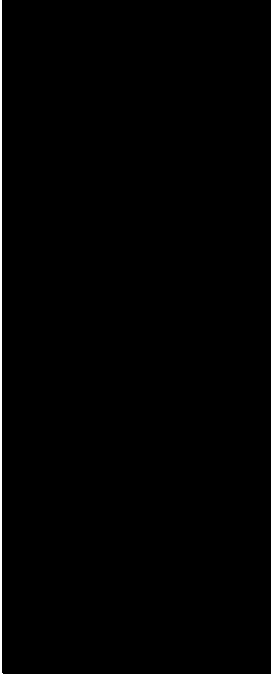
**Form ID: Rent**

Preparer use only

Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2016 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____ [93]		
Date of refinancing	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinancing	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		
<b>Refinancing points paid -</b>			
Recipient's/Lender's name	_____		
Date of refinancing	_____		
Total # Payments	_____		
Reported on 1098 in 2016	_____		
Total points paid	_____		
Points deemed as paid in current year (Preparer use only)	_____		

**Vacation Home Information**

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

**Passive and Other Information**

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

Control Totals +

**Sale of Principal Residence**

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

**Exclusion Information**

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[19]
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
	<b>Taxpayer</b>	<b>Spouse</b>
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

**Form 6252 - Current Year Installment Sale**

Mortgage and other debts the buyer assumed	+ _____	[28]
Total current year payments received	+ _____	[29]

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

Related party name	_____	[30]
Address	_____	[31]
City, State and Zip	_____ [32] [33]	[34]
Identifying number of related party	_____	[35]
Was the property sold as a marketable security? (Y, N)	_____	[36]
Enter date of second sale if more than 2 years after the first sale	_____	[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[38]
Selling price of property sold by a related party	+ _____	[40]

**NOTES/QUESTIONS:****Control Totals +****PERSONAL SALE****Form ID: Home**

T/S/J

2016 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

__ [1]	_____	+	_____ [2]
__	_____	+	_____
__	_____	+	_____
__	_____	+	_____
__	_____	+	_____
__	_____	+	_____

Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)

__ [4]	_____	+	_____ [5]
__	_____	+	_____
__	_____	+	_____
__	_____	+	_____

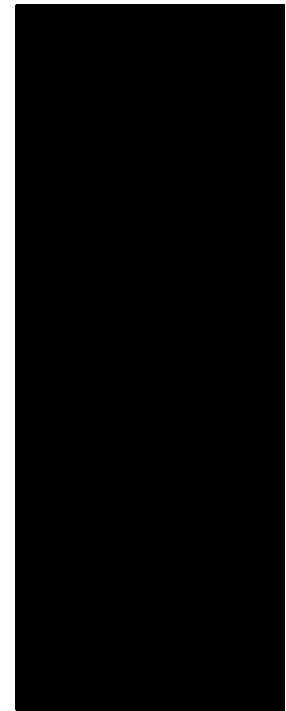
Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))

__ [7]	_____	+	_____ [8]
__	_____	+	_____

Prescription medicines and drugs:

__ [10]	_____	+	_____ [11]
__	_____	+	_____
__	_____	+	_____

__ [13]	Miles driven for medical items		_____ [14]
---------	--------------------------------	--	------------



Schedule A - Tax Expenses

T/S/J

2016 Information

Prior Year Information

State/local income taxes paid:

__ [18]	_____	+	_____ [19]
__	_____	+	_____
__	_____	+	_____
__	_____	+	_____
__	_____	+	_____

2015 state and local income taxes paid in 2016:

__ [21]	_____	+	_____ [22]
__	_____	+	_____
__	_____	+	_____

Real estate taxes paid:

__ [24]	_____	+	_____ [25]
__	_____	+	_____
__	_____	+	_____

Personal property taxes:

__ [27]	_____	+	_____ [28]
__	_____	+	_____

Other taxes, such as: foreign taxes and State disability taxes

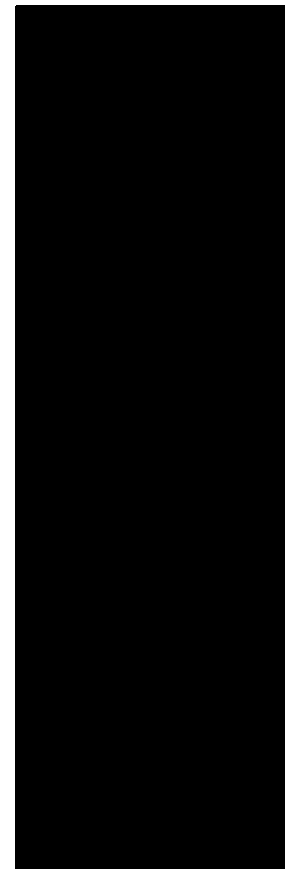
__ [30]	_____	+	_____ [31]
__	_____	+	_____
__	_____	+	_____

Sales tax paid on major purchases:

__ [36]	_____	+	_____ [37]
__	_____	+	_____

Sales tax paid on actual expenses:

__ [39]	_____	+	_____ [40]
__	_____	+	_____
__	_____	+	_____



Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-1

### Interest Expenses

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

#### \*Mortgage Types

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

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

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

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

#### Refinancing Points paid in 2016 -

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points deemed as paid in 2016 (Preparer use only) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2016 \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points deemed as paid in 2016 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2016 \_\_\_\_\_

#### T/S/J 2016 Information

Investment interest expense, other than on Schedule(s) K-1:  
 [15] \_\_\_\_\_ + \_\_\_\_\_ [16]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Control Totals +

ITEMIZED DEDUCTIONS

T/S/J

2016 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

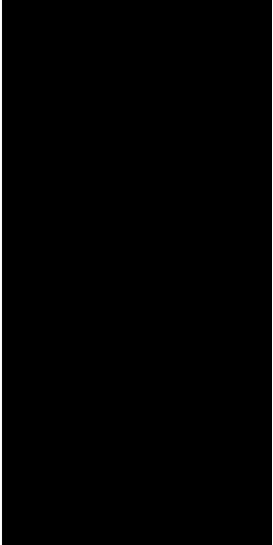
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to claim the contribution on your return.

__ [2]	_____	+ _____ [3]
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____

\_\_ [5] Volunteer miles driven \_\_\_\_\_ [6]  
 Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

__ [8]	_____	+ _____ [9]
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____



Miscellaneous Deductions

T/S/J

2016 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

__ [11]	_____	+ _____ [12]
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____

Union dues:

__ [14]	_____	+ _____ [15]
__	_____	+ _____

\_\_ [17] Tax preparation fees \_\_\_\_\_ [18]

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

__ [20]	_____	+ _____ [21]
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____

\_\_ [23] Safe deposit box rental \_\_\_\_\_ [24]

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

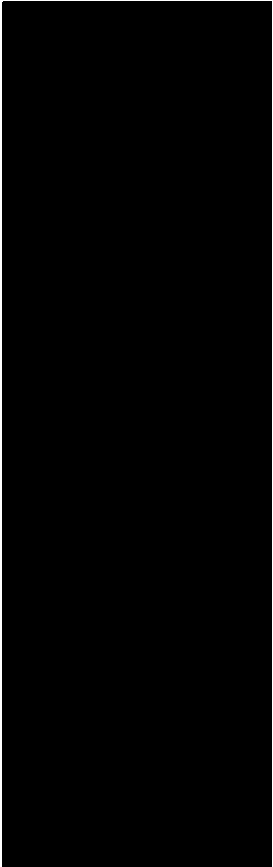
__ [26]	_____	+ _____ [27]
__	_____	+ _____
__	_____	+ _____

Other expenses, not subject to the 2% AGI limit:

__ [30]	_____	+ _____ [31]
__	_____	+ _____
__	_____	+ _____
__	_____	+ _____

Gambling losses: (Enter only if you have gambling income)

__ [33]	_____	+ _____ [34]
__	_____	+ _____



Control Totals +

ITEMIZED DEDUCTIONS

**"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.  
Please provide all copies of Form(s) 1095-B and/or 1095-C**

**2016 Information**

**Prior Year Information**

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) \_\_\_\_\_ [1]



**If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.**

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/Exemption Type *	Full Year	Start Month	End Month
_____	_____	_____	_____	—	—	—	_____ [7]
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____
_____	_____	_____	_____	—	—	—	_____

**\*Other Exemption Type Codes**

<b>A = Unaffordable coverage</b>	<b>F = Incarcerated individual</b>
<b>B = Short coverage gap</b>	<b>G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)</b>
<b>C = Exempt noncitizen</b>	<b>H = Medicaid/TRICARE/Fiscal year employer plan</b>
<b>D = Health care sharing ministry</b>	<b>X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)</b>
<b>E = Indian tribe member</b>	

**2016 Information**

**Prior Year Information**

**Taxpayer**

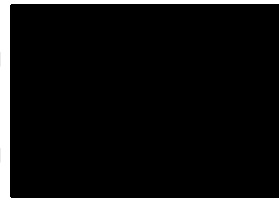
**Spouse**

Self-employed health insurance premiums: (Not entered elsewhere)

\_\_\_\_\_ + \_\_\_\_\_ [12] + \_\_\_\_\_ [13]

Self-employed long-term care premiums: (Not entered elsewhere)

\_\_\_\_\_ + \_\_\_\_\_ [15] + \_\_\_\_\_ [16]



**NOTES/QUESTIONS:**



Please enter all amounts paid in 2016 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

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

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

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

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 First and last name of provider \_\_\_\_\_  
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 Amount paid to care provider in 2016 \_\_\_\_\_ + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
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 Amount paid to care provider in 2016 \_\_\_\_\_ + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

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

Control Totals +

CREDITS

Form ID: 2441

### Notes to Preparer

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

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

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