

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

- ☐ ☐ Did your marital status change during the year?
 If "Yes," explain _____
- ☐ ☐ Can you or your spouse be claimed as a dependent by someone else?
- ☐ ☐ Did your address change during the year?

Dependent Information

- ☐ ☐ Did you have any changes in dependents during the year?
 If "Yes," explain _____
- ☐ ☐ Can another person qualify to claim the child?
- ☐ ☐ Did you have any childcare expenses during the year?
- ☐ ☐ Did you have any adoption expenses during the year?
- ☐ ☐ Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?
 Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

- ☐ ☐ Did any member of your household **NOT** have healthcare coverage for the entire year?
 Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
 If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- ☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

- ☐ ☐ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- ☐ ☐ Did you have any income from, or pay taxes to, a foreign country?
- ☐ ☐ Did you receive any tips not reported to your employer?
- ☐ ☐ Did you receive any disability income during the year?
- ☐ ☐ Did you cash any U.S. Savings Bonds during the year?
- ☐ ☐ Did you receive any other income not provided with this organizer?
 If "Yes," explain _____
- ☐ ☐ Did you start a new business or purchase any rental property during the year?
- ☐ ☐ Did you sell an existing business, rental property, or other property during the year?
- ☐ ☐ Did you purchase any business assets or convert any assets to business use?
 If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- ☐ ☐ Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- ☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?
- ☐ ☐ Did you sell a principal residence during the year?
 If "Yes," provide closing documentation for the purchase and sale of the home
- ☐ ☐ Did you foreclose or abandon a principal residence or real property during the year?
- ☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?
 If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- ☐ ☐ Did you receive any principal or interest, during this year, from property sold in prior years?
- ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ Did you sell, exchange, or purchase any real estate during the year?
- ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?
- ☐ ☐ Did you have any debts canceled or forgiven this year?
- ☐ ☐ Does anyone owe you money that has become uncollectible?
- ☐ ☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
 If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

- ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- ☐ ☐ Did you receive any state or local income tax refunds from prior years?
- ☐ ☐ Did you make any major purchases (vehicle, boats, etc.) during the year?
- ☐ ☐ Did you pay any real estate property taxes or personal property taxes during the year?
- ☐ ☐ Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN:

- ☐ ☐ Did you make cash donations to charity during the year?
☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
☐ ☐ Did you donate a boat or vehicle during the year?
 If "Yes," attach Form 1098-C.
☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
☐ ☐ Did you use your vehicle on the job other than for commuting to work?
☐ ☐ Did you work out of town at any time during the year?
☐ ☐ Did you have gambling losses during the year?

Retirement Information

- ☐ ☐ Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
☐ ☐ Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
☐ ☐ Did you receive any Social Security benefits during the year?

Education Information

- ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
☐ ☐ Did anyone in your household attend a post-secondary school during the year?
☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- ☐ ☐ Did you incur a loss due to damaged or stolen property?
 If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
☐ ☐ Did you make any gifts to any one person in excess of \$14,000 during the year?
 If "Yes," are you splitting the gift with your spouse? _____
☐ ☐ Did you incur moving expenses due to a change in employment?
☐ ☐ Did you make any energy-efficient improvements to your main home during the year?
☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
☐ ☐ Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes?
☐ ☐ If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes?
☐ ☐ Did you make any estimated payments toward your 2016 taxes?
☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?
 If "Yes," provide a voided checking or savings slip.
☐ ☐ Did you receive any notices from the IRS or state taxing authority?
 If "Yes," explain _____
☐ ☐ May the IRS discuss your tax return with your preparer?
 Would you like a physical copy or a PDF copy of your tax return? _____

Preparer Notes

Miscellaneous Notes

2016 Comprehensive Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Date of Birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer Email				
Spouse Email				

Marital Status at end of 2016

- ☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er), Date of spouse's death if deceased in 2016 _____

Taxpayer

- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Spouse

- ☐ Yes ☐ No Are you blind?
☐ Yes ☐ No Are you disabled?
☐ Yes ☐ No Are you a full-time student
☐ Yes ☐ No Do you want \$3 to go to the Presidential Election Campaign Fund?

Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2015	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Appointment Information & Notes

Your 2016 appointment is scheduled for _____

Notes

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all

YES NO

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if it applies to any member of the household

☐ ☐ Was your previous insurance policy cancelled in 2016?

☐ ☐ Was coverage offered by your employer or your spouse's employer?

☐ ☐ Are you a member of a federally recognized Indian tribe?

☐ ☐ Are you eligible for services through an Indian healthcare provider?

☐ ☐ Are you a member of a healthcare sharing ministry?

☐ ☐ Did you live in the United States the entire year?

☐ ☐ Are you enrolled in TRICARE?

☐ ☐ Did you apply for CHIP coverage?

☐ ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

SPOUSE

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

Healthcare Coverage Questionnaire for Dependents (for preparer use)

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?										

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?										

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?										

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

	2016	2015
Social Security Number or Employer ID Number _____	Amount Paid _____	
Name _____		
Street Address _____		
City _____ Phone _____		
U.S. Only State, ZIP _____ Foreign Only Province/State, Country, Postal Code _____		

	2016	2015
Social Security Number or Employer ID Number _____	Amount Paid _____	
Name _____		
Street Address _____		
City _____ Phone _____		
U.S. Only State, ZIP _____ Foreign Only Province/State, Country, Postal Code _____		

	2016	2015
Social Security Number or Employer ID Number _____	Amount Paid _____	
Name _____		
Street Address _____		
City _____ Phone _____		
U.S. Only State, ZIP _____ Foreign Only Province/State, Country, Postal Code _____		

	2016	2015
Social Security Number or Employer ID Number _____	Amount Paid _____	
Name _____		
Street Address _____		
City _____ Phone _____		
U.S. Only State, ZIP _____ Foreign Only Province/State, Country, Postal Code _____		

Wages and Salaries

Name: _____

SSN: _____

Attach all W-2 Form(s)

 TS _____ Employer's name and address: _____ Federal EIN _____

	2016	2015		2016	2015
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

 TS _____ Employer's name and address: _____ Federal EIN _____

	2016	2015		2016	2015
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

2016

Interest Income

Name: _____

SSN:

Please attach all Form(s) 1099-INT relating to interest income.

[illegible]

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? ☐ Yes ☐ No

2016

Dividend Income

Name: _____

SSN:

Please attach all Form(s) 1099-DIV relating to dividend income.

[illegible]

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

☐ Yes ☐ No

Schedule C - Profit or Loss from Business

Name:

SSN:

General Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Accounting method, if not cash ☐ Accrual ☐ Other _____Inventory method, if not cost ☐ Lower of Cost or Market ☐ OtherChange of inventory method ☐ Yes ☐ NoYou started or acquired this business during 2016 ☐Some investment is NOT at risk ☐You disposed of this property during 2016 ☐Did you make any payments in 2016 that would require you to file Form(s) 1099? ☐ Yes ☐ NoIf "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

Other Information

	2016	2015
Family health coverage		

Income

	2016	2015
Gross receipts or sales		
Returns and allowances		
Other income		

Cost of Goods Sold

	2016	2015
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS _____	Business name _____	Profession or product _____
----------	---------------------	-----------------------------

2016

2015

Advertising		
Car and truck expenses		
Commissions and fees		
Contract labor		
Depletion		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest		
Legal and professional services		
Office expenses		
Pension and profit sharing plans		
Rent or lease (vehicles, machinery, and equipment)		
Rent (other business property)		
Repairs and maintenance		
Supplies		
Taxes and licenses (including real estate taxes)		
Travel		
Total meals and entertainment		
Utilities		
Wages		

Other expenses (list):

2016

Sale of Capital Assets
(Stocks, Bonds, etc.)

Name:

SSN:

Provide all brokerage statements

[illegible]

Casualties and Thefts

Name: _____

SSN: _____

Description of property _____

Location of property _____

Was property ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether
or not you filed a claim) _____ Date of incident _____**Theft Loss Deduction for Ponzi-Type Investment Scheme****Part I Computation of Deduction**

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Description of property _____

Location of property _____

Was property ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether
or not you filed a claim) _____ Date of incident _____**Theft Loss Deduction for Ponzi-Type Investment Scheme****Part I Computation of Deduction**

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____	2016	Prior Years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____	2016	Prior Years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____	2016	Prior Years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____

Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy _____

- | | | |
|---|--|--|
| <input type="checkbox"/> This property is your main home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2016 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s) |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

	2016	2015		2016	2015
Rent Income	_____	_____	Royalties from oil, gas, mineral, copyright or patent	_____	_____
Rental income from Form 1099-MISC	_____	_____	Royalties from Form 1099(s)-MISC	_____	_____

Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses		
Advertising	_____	_____	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	_____	_____	
Cleaning & maintenance	_____	_____	_____	_____	
Commissions	_____	_____	_____	_____	
Depletion	_____	_____	_____	_____	
Insurance	_____	_____	_____	_____	
Legal & professional fees	_____	_____	_____	_____	
Management fees	_____	_____	_____	_____	
Interest - mortgage	_____	_____	_____	_____	
Interest - other	_____	_____	_____	_____	
Repairs	_____	_____	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies	_____	_____	_____	_____	
Taxes	_____	_____	_____	_____	
Utilities	_____	_____	_____	_____	
Other expenses	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

2016

Income or loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

☐ This farm was disposed of during 2016☐ This farm received applicable subsidy during 2016**Income**

	2016	2015		2016	2015
Income from production of livestock, grains, and other crops			Other income		
Total cooperative distributions					
Total agricultural payments					
Commodity Credit Corporation (CCC) loans:					
CCC loans reported					
CCC loans forfeited					
Crop insurance proceeds:					
Amount received in 2016					
<input type="checkbox"/> You elect to defer to next year					
Amount deferred from last year . . .					

Expenses

	2016	2015		2016	2015
Car & truck expenses			Seeds & plants purchased		
Chemicals			Storage & warehousing		
Conservation expenses			Supplies purchased		
Custom hire (machine work)			Taxes		
Employee benefit programs			Utilities		
Feed purchased			Veterinary, breeding, & medicine .		
Fertilizers & lime			Other expenses		
Freight & trucking					
Gasoline, fuel, & oil					
Insurance (other than health)					
Interest - mortgage (paid to banks, etc.)					
Interest - other:					
Labor hired (less jobs credit)					
Pension & profit-sharing plans					
Rent - vehicles, machinery & equip . .					
Rent - other (land, animals, etc.) . . .					
Repairs & maintenance					

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID Number _____

☐ This farm was disposed of during 2016☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

☐ This farm received government subsidy in 2016☐ Yes ☐ No

You filed Form(s) 1099 for the individual(s)

Income

	2016	2015		2016	2015
Sales of livestock / other items			Beginning inventory for accrual		
Cost of items bought for resale			Ending inventory for accrual		
Sale of products you raised			<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total cooperative distributions			Other income		
Total agricultural payments					
Commodity Credit Corporation (CCC) loans:					
CCC loans reported					
CCC loans forfeited					
Crop insurance proceeds:					
Amount received in 2016					
<input type="checkbox"/> You elect to defer to next year					
Amount deferred from last year					
Custom hire income					

Expenses

	2016	2015		2016	2015
Car & truck expenses			Seeds & plants purchased		
Chemicals			Storage & warehousing		
Conservation expenses			Supplies purchased		
Custom hire (machine work)			Taxes		
Employee benefit programs			Utilities		
Feed purchased			Veterinary, breeding, & medicine		
Fertilizers & lime			Other expenses		
Freight & trucking					
Gasoline, fuel, & oil					
Insurance (other than health)					
Interest - mortgage (paid to banks, etc.)					
Interest - other					
Labor hired (less jobs credit)					
Pension & profit-sharing plans					
Rent - vehicles, machinery, & equip					
Rent - other (land, animals, etc.)					
Repairs & maintenance					

Form 1099-G Unemployment Compensation

Name:

SSN:

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. Only State, ZIP: _____**Foreign Only** Province/State, Country, Postal Code: _____

Payer's phone: _____ Account number: _____

	2016	2015		2016	2015
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____	_____	_____
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants	_____	_____			
Agriculture	_____	_____			

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. Only State, ZIP: _____**Foreign Only** Province/State, Country, Postal Code: _____

Payer's phone: _____ Account number: _____

	2016	2015		2016	2015
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____	_____	_____
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants	_____	_____			
Agriculture	_____	_____			

Form 1099-MISC

Name:

SSN:

Please attach all Form(s) 1099 MISC

TS ____ For ____ Payer's Federal ID number: ____

Payer's name: _____

Address: _____

	2016	2015		2016	2015
Rents	_____	_____	State ____ State I.D. _____	_____	_____
Royalties	_____	_____	State tax withheld	_____	_____
Other income	_____	_____	State income	_____	_____
Description _____			Name of locality _____		
Federal tax withheld	_____	_____	Local tax withheld	_____	_____
Fishing boat proceeds	_____	_____	Local income	_____	_____
Medical and health care payments . .	_____	_____	State ____ State I.D. _____	_____	_____
Non-employee compensation	_____	_____	State tax withheld	_____	_____
Substitute payments	_____	_____	State income	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds	_____	_____	Local tax withheld	_____	_____
Excess golden parachute	_____	_____	Local income	_____	_____
Gross attorney proceeds	_____	_____			
Taxable Proceeds	_____	_____			
Section 409A deferrals	_____	_____			
Section 409A income	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Please attach all Form(s) 1099-R, SSA statements, etc.

TS _____ Payer's name: _____ Payer's Federal ID Number: _____

Address: _____

	2016	2015		2016	2015
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Gross distribution			State distribution		
Taxable amount			Name of locality _____		
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld		
Capital gain			Local distribution		
Federal income tax withheld			State _____ State I.D. _____		
Employee contributions or insurance premiums			State income tax withheld		
Distribution code(s)			State distribution		
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution _____			Local income tax withheld		
			Local distribution		

TS _____ Payer's name: _____ Payer's Federal ID Number: _____

Address: _____

	2016	2015		2016	2015
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Gross distribution			State distribution		
Taxable amount			Name of locality _____		
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld		
Capital gain			Local distribution		
Federal income tax withheld			State _____ State I.D. _____		
Employee contributions or insurance premiums			State income tax withheld		
Distribution code(s)			State distribution		
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution _____			Local income tax withheld		
			Local distribution		

Social Security Benefit Statement

	2016	2015		2016	2015
Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

Adjustments

Name:

SSN:

Moving Expenses

TSJ _____	2016	2015
Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Enter the amount you paid for transportation and storage of household goods and personal effects		
Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)		
Enter the amount of moving expenses reimbursed to you by your employer		
Was this a military move? <input type="checkbox"/> Yes		

Self-Employed Health Insurance

TSJ _____	2016	2015
Enter the qualified long term care amount		
Enter your Medicare wages from an S corporation		

Self-Employed Pensions

TSJ _____	2016	2015
Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2016		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS _____	2016	2015
Total traditional IRA contributions made for 2016		
Total basis in traditional IRAs as of 12/31/2016		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
Amount of traditional IRAs converted to ROTH IRAs		
IRA basis before conversion		
Total ROTH IRA contributions made for 2016		

Health Savings Account

TSJ _____	2016	2015
HSA contributions made for 2016		
Total distributions from all HSAs during 2016		
Distributions included above that were rolled over		
Qualified medical expenses paid using HSA distributions		

Noncash Charitable Contributions

Name:

SSN:

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. Only State, ZIP _____**Foreign Only** Province/State, Country, Postal Code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ ☐ Capital gain property

Date contributed _____

Property Type (if over \$5,000) ☐ Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. Only State, ZIP _____**Foreign Only** Province/State, Country, Postal Code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ ☐ Capital Gain property

Date contributed _____

Property Type (if over \$5,000) ☐ Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Scholarships or grants not reported on Form W-2				
State income tax refund (attach Forms 1099-G)				
Alimony received				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2016				
Social Security benefits (attach Forms 1099-SSA)				
Railroad retirement benefits (attach Forms 1099-RRB)				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Other income: _____				

Adjustments

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA)				
Contributions made to a Self-Employed Pension plan (SEP)				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name: _____ SSN: _____				
Name: _____ SSN: _____				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Contributions made to a myRA				
Interest paid on a student loan				
Other adjustments: _____				

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender Information: _____ Federal ID # _____

Name _____

Address _____

	2016	2015		2016	2015
Mortgage interest received	_____	_____	Mortgage insurance premiums . .	_____	_____
Points paid	_____	_____	Real estate taxes paid	_____	_____
Refund overpaid interest	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender Information: _____ Federal ID # _____

Name _____

Address _____

	2016	2015		2016	2015
Mortgage interest received	_____	_____	Mortgage insurance premiums . .	_____	_____
Points paid	_____	_____	Real estate taxes paid	_____	_____
Refund overpaid interest	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender Information: _____ Federal ID # _____

Name _____

Address _____

	2016	2015		2016	2015
Mortgage interest received	_____	_____	Mortgage insurance premiums . .	_____	_____
Points paid	_____	_____	Real estate taxes paid	_____	_____
Refund overpaid interest	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender Information: _____ Federal ID # _____

Name _____

Address _____

	2016	2015		2016	2015
Mortgage interest received	_____	_____	Mortgage insurance premiums . .	_____	_____
Points paid	_____	_____	Real Estate taxes paid	_____	_____
Refund overpaid interest	_____	_____	Account number _____		

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

Part I - Employee Business Expense and Reimbursements

2016

2015

Rural mail carrier _____

Parking fees, tolls, and local transportation, including train, bus, etc. _____

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment _____

Other business expenses _____

Meals and entertainment expenses _____

DOT meals _____

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for _____

Other business expenses _____

Meals and entertainment expenses _____

Portion of total expenses that is for impairment-related work expenses of disabled employee _____

Portion of total expenses that is for an Armed Forces reservist _____

☐ Qualifying performing artist ☐ Fee-based state or local government official ☐ Pastor**Business Vehicle Expenses**

Vehicle 1

Vehicle 2

2016

2015

2016

2015

Enter the date vehicle was placed in service _____

Total miles vehicle was driven during 2016 _____

Business miles _____

Average daily roundtrip commuting distance _____

Commuting miles included in total miles above _____

Taxes _____

Gasoline, oil, repairs, vehicle insurance, etc. _____

Vehicle rentals _____

Inclusion amount _____

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) _____

Enter cost or other basis _____

Enter section 179 deduction _____

Enter depreciation method and percentage _____

If your employer provided a vehicle, was personal use during off duty hours permitted? . . . ☐ Yes ☐ NoDo you or your spouse have another vehicle available for personal use? ☐ Yes ☐ NoDo you have evidence to support your deduction? ☐ Yes ☐ NoIf "Yes", is the evidence written? ☐ Yes ☐ No

Auto Expense Worksheet

Name: _____

SSN: _____

For _____

Business name and Profession/Product _____

Description _____

Date placed in service _____

Do you or your spouse have another vehicle available for personal use? ☐ Yes ☐ NoWas this your vehicle available for use during off-duty hours? ☐ Yes ☐ NoDo you have evidence to support your deduction? ☐ Yes ☐ NoIf "Yes," is the evidence written? ☐ Yes ☐ No

Enter the number of miles your vehicle was used for:

2016

2015

Prior Year
Total

a Business

Buisness

b Commuting

Total

c Other

Expenses

2016

2015

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %

_____ ☐

_____ ☐

_____ ☐

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

2016

2015

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2016

2015

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year? ☐ Yes ☐ No

Expenses

Office expenses

2016

2015

Home expenses

2016

2015

Mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs & maintenance

Utilities

Other expenses

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Cost of Home

2016

2015

Enter the **smaller** of your home's adjusted basis or its fair market valueDoes this include the value of the land? ☐ Yes ☐ No Value of land

Date placed in service

Date taken out of service

2016

Asset Listing for 2016

Name: _____

SSN: _____

[illegible]

Residential Energy Credits

Name:

SSN:

TSJ _____

Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified solar water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

Was qualified fuel cell property installed on or in your main home in US? ☐ Yes ☐ No

Address of main home _____

City, State, ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of property on line 22 _____

Amount of unused credit from 2015 Form 5695, line 28 _____

Were improvements or costs made to your main home located in the US? ☐ Yes ☐ No

Address of main home _____

City, State, ZIP _____

Were improvements or costs related to the construction of this main home? ☐ Yes ☐ No

Enter the nonbusiness energy property credit that you took in:

2006 _____ 2009 _____ 2011 _____ 2013 _____ 2015 _____

2007 _____ 2010 _____ 2012 _____ 2014 _____

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain _____

Exterior doors that meet or exceed Energy Star requirements _____

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain _____

Exterior windows and skylights that meet or exceed Energy Star requirements _____

Enter the amount of window expense you claimed in:

2006 _____ 2009 _____ 2011 _____ 2013 _____ 2015 _____

2007 _____ 2010 _____ 2012 _____ 2014 _____

Residential energy property costs

Energy efficient building property costs _____

Qualified natural gas, propane, or oil furnace or hot water boiler _____

Advanced main air circulating fan used in a natural gas, propane, or oil furnace _____

Education Credits and Deduction

Name: _____

SSN: _____

Provide all Form(s) 1098-T

Student's first and last name: _____ SSN: _____

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years? ☐Was the student enrolled at least half time for at least one academic period that began in 2016 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? ☐Did the student complete the first four years of post-secondary education before 2016? ☐Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance? ☐Is the student pursuing a degree? ☐

Number of years the American Opportunity Credit has been claimed for this student _____

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution _____

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution _____

Tax-free education assistance received in 2016 allocable to the academic period _____

Tax-free education assistance received in 2017 (and before 2016 return is filed) allocable to the academic period _____

Refunds of qualified education expenses paid in 2016 if the refund is received before the 2016 return is filed _____

Educational Institution Name: _____

Educational Institution Name: _____

Student's first and last name: _____ SSN: _____

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years? ☐Was the student enrolled at least half time for at least one academic period that began in 2016 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? ☐Did the student complete the first four years of post-secondary education before 2016? ☐Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance? ☐Is the student pursuing a degree? ☐

Number of years the American Opportunity Credit has been claimed for this student _____

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution _____

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution _____

Tax-free education assistance received in 2016 allocable to the academic period _____

Tax-free education assistance received in 2017 (and before 2016 return is filed) allocable to the academic period _____

Refunds of qualified education expenses paid in 2016 if the refund is received before the 2016 return is filed _____

Educational Institution Name: _____

Educational Institution Name: _____

Energy Credits		
Name:		SSN:
Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit		
TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle		
Make of vehicle		
Model of vehicle		
How many wheels does the vehicle have?		
Vehicle Identification Number		
Date vehicle was placed in service		
Tentative credit		
Business/investment use percentage		
Section 179 expense deduction		
Form 8910 - Alternative Motor Vehicle Credit		
TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle		
Make of vehicle		
Model of vehicle		
Vehicle Identification Number		
Date vehicle was placed in service		
Maximum credit allowable		
Business/investment use percentage		

Credit for Small Employer Health Insurance Premiums

Name:

SSN:

TSJ_____

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

[illegible]

Employer Identification Number used to report employment taxes for above individuals

Total amount of any state premium subsidies paid and any state tax credits available

2016

Detail Worksheet

Name: _____

SSN:

[illegible]