

Ketel Thorstenson, LLP

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You may have already started to think about how your 2016 income tax return will affect your finances in the next few months. Now that 2016 has come and gone it is time to start gathering the information to put the numbers in place. This Tax Organizer is designed to help you gather the tax information needed to prepare your 2016 personal income tax return. It contains places for you to list your income and expenses for the year. The data from your 2015 tax return (if prepared by Ketel Thorstenson) is presented in the shaded columns for comparison purposes. We hope that this document will help you organize the data and save you time.

In order to meet the filing deadline for your 2016 income tax return, your completed tax organizer needs to be received by our office no later than March 20, 2017. Any information received after that date may require an extension of time be filed for your return.

In your Tax Organizer, personal information such as social security numbers, driver's license, and bank account numbers have been replaced with asterisks (***-**-1234) and (****1234) to protect your privacy. If you need to change or update this specific information, please contact this office. Do not indicate the change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. New IRS security standards require us to verify the bank account information you provide before filing your tax return.

Enter 2016 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization and (2) the date and amount of the contribution and (3) if any goods or services were received in exchange for the contribution. Contributions of \$250 or more require a statement from the charitable organization. If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contributions claimed, you retain the written records for at least seven years.

The substantiation rules for noncash contributions require the donated property's fair market value (FMV) to be determined. FMV is the depreciated, or used, value of the donated property. It is not the purchase

price of a similar "new" item. The following methods can be used to determine FMV:

- Valuation guides available from organizations such as the Salvation Army or Goodwill. Many guides include a value range that can be used to determine FMV based upon location and condition of the property. Keep any guides used to determine FMV with your tax records.
- Compare prices at area thrift stores for items in comparable condition. Visit a few stores to determine price and demand for the property.
- Search online auctions or classified ads for comparable items. Keep printouts of such listings used to determine FMV of the donated property.
- For donated items with a FMV of more than \$5,000, valuation by a qualified appraiser will be required in most cases. Keep the appraiser's report with your tax documents.

To further substantiate your noncash contribution, keep any acknowledgment letters, receipts, or similar statements from the organization. Consider keeping a picture of the donated item(s) with your tax documents. See IRS Publication 561, Determining the Value of Donated Property for further information.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

If you would like to discuss the information in your completed organizer or the preparation of your 2016 tax return, please call our office for an appointment.

Thank you for the opportunity to serve you.

Sincerely,

Ketel Thorstenson, LLP

Questions

Please check the appropriate box and include all necessary details and documentation.

| | Yes | No |
|---|--------------------------|--------------------------|
| Personal Information | | |
| Did your marital status change during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent Information | | |
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Do you have any children under age 19 or a full-time student under age 24 with <u>unearned</u> income in excess of \$2,100? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) other than your dependent children during the year? | <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 pay any expenses related to the adoption of a child during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Purchases, Sales and Debt Information | | |
| Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any assets used in your trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment and this year it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Income Information | | |
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|---|---|
| Did you receive any disability income during the year? | p | p |
| Did you receive tip income not reported to your employer this year? | p | p |
| Did any of your life insurance policies mature, or did you surrender any policies? | p | p |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | p | p |
| Do you expect a large fluctuation in income, deductions, or withholding next year? | p | p |

Retirement Information

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

Education Information

| | | |
|--|---|---|
| Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? | p | p |
| Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? | p | p |
| Did anyone in your family receive a scholarship of any kind during the year? | p | p |
| Did you make any withdrawals from an education savings or 529 Plan account? | p | p |
| Did you pay any student loan interest this year? | p | p |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989? | p | p |
| Did you make any contributions to an education savings or 529 Plan account? | p | p |

Health Care Information

| | | |
|--|---|---|
| Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. <u>If yes, attach any Form(s) 1095-B and/or 1095-C you received.</u> | p | p |
| If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2016? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. | p | p |
| Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption. | p | p |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? <u>If yes, attach any Form(s) 1095-A you received.</u> | p | p |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? | p | p |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA? | p | p |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? | p | p |
| Did you pay long-term care premiums for yourself or your family? | p | p |
| Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received. | p | p |
| Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received. | p | p |
| If you are a business owner, did you pay health insurance premiums for your employees this year? | p | p |

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year? p p
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? p p
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? p p
If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization. p p
- Did you have an expense account or allowance during the year? p p
- Did you use your car on the job, for other than commuting? p p
- Did you work out of town for part of the year? p p
- Did you have any expenses related to seeking a new job during the year? p p
- Did you make any major purchases during the year (cars, boats, etc.)? p p
If yes, please provide information on the sales tax or excise tax paid due to such purchase.
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? p p

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual? p p
- Did you utilize an area of your home for business purposes? p p
- Did you engage in any bartering transactions? p p
- Did you retire or change jobs this year? p p
- Did you incur moving costs because of a job change? p p
- Did you pay any individual as a household employee during the year? p p
- Did you make energy efficient improvements to your main home this year? p p
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? p p
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? p p
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? p p
- Did you receive correspondence from the State or the IRS? p p
If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? p p
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. p p

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] | | _____ [7] |
| Last name | _____ [8] | _____ [9] | | _____ [9] |
| Occupation | _____ [10] | _____ [11] | | _____ [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 [49] | Last Name | Date of Birth | Social Security No. | Relationship | Months*** in home | Dep Codes * ** | 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

| | |
|--|--|
| <p>*Basic</p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you</p> <p>3 = Other dependent</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</p> | <p>**Other</p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p> |
|--|--|

*****Months**

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: _____ [18] _____ [26]

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] | <div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div> |
| 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 name _____ [28]

Amount paid with 2015 return + _____ [31]

2015 overpayment applied to '16 estimates + _____ [32]

Treat calculated amounts as paid _____ [36]

City #2

City name _____ [50]

Amount paid with 2015 return + _____ [53]

2015 overpayment applied to '16 estimates + _____ [54]

Treat calculated amounts as paid _____ [58]

| | Date Paid | | Amount Paid |
|---------------------|------------|---|-------------|
| 1st quarter payment | _____ [37] | + | _____ [38] |
| 2nd quarter payment | _____ [39] | + | _____ [40] |
| 3rd quarter payment | _____ [41] | + | _____ [42] |
| 4th quarter payment | _____ [43] | + | _____ [44] |

| | Date Paid | | Amount Paid |
|---------------------|------------|---|-------------|
| 1st quarter payment | _____ [59] | + | _____ [60] |
| 2nd quarter payment | _____ [61] | + | _____ [62] |
| 3rd quarter payment | _____ [63] | + | _____ [64] |
| 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 name _____ [72]

Amount paid with 2015 return + _____ [75]

2015 overpayment applied to '16 estimates + _____ [76]

Treat calculated amounts as paid _____ [80]

City #4

City name _____ [94]

Amount paid with 2015 return + _____ [97]

2015 overpayment applied to '16 estimates + _____ [98]

Treat calculated amounts as paid _____ [102]

| | Date Paid | | Amount Paid |
|---------------------|------------|---|-------------|
| 1st quarter payment | _____ [81] | + | _____ [82] |
| 2nd quarter payment | _____ [83] | + | _____ [84] |
| 3rd quarter payment | _____ [85] | + | _____ [86] |
| 4th quarter payment | _____ [87] | + | _____ [88] |

| | Date Paid | | Amount Paid |
|---------------------|-------------|---|-------------|
| 1st quarter payment | _____ [103] | + | _____ [104] |
| 2nd quarter payment | _____ [105] | + | _____ [106] |
| 3rd quarter payment | _____ [107] | + | _____ [108] |
| 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] |

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| | Control Totals + | |
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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] |

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| | Control Totals + | |
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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 ⁽¹⁾ | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------|-------------------------------|--------------------------------|-------------------|-----------------------------|---------------------------|---------------------|--------------------|------------------------|
| | 1 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 2 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 3 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 4 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 5 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 6 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 7 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 8 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 9 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 10 | Payer | | | | | | |
| | | Amounts | + | | | | | |

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

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.

| T S J | Type Code (**See codes below) | Ordinary Dividends | [2] Qualified Dividends | Total Cap Gain Distributions | Section 1250 | Sec. 1202 | 28% Capital Gain | Tax Exempt Dividends | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|--------------|-----------|---------------------|-------------------------|---------------------------------|------------------------|--------------------------|---------------------------|
| 1 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 2 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 3 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 4 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 5 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 6 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 7 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 8 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 9 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |
| 10 | Payer | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | |

****Dividend Codes**
Blank = Other 3 = Nominee

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:

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

Taxpayer/Spouse (T, S)

__ [1]

State postal code

__ [2]

Social Security Benefits

2016 Information

Prior Year Information

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

Net Benefits for 2016 (Box 3 minus Box 4) (Box 5)

+ _____ [8]

Voluntary Federal Income Tax Withheld (Box 6)

+ _____ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [12]

Prescription drug (Part D) premiums

+ _____ [14]

Grey box for Prior Year Information with three horizontal lines.

Tier 1 Railroad Benefits

2016 Information

Prior Year Information

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

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2016 (Box 5)

+ _____ [22]

Federal Income Tax Withheld (Box 10)

+ _____ [25]

Medicare Premium Total (Box 11)

+ _____ [27]

Grey box for Prior Year Information with three horizontal lines.

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.

Five horizontal lines for additional information with labels [40], [41], [42], [43], and [44] on the right.

NOTES/QUESTIONS:

| | 2016 Information | | [1] |
|---|------------------|--------------|-----|
| | Taxpayer | Spouse | |
| State and local income tax refunds | | | |
| 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] | |

Prior Year Information

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

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] | |
| _____ | | |
| _____ | | |
| Enter an explanation if there was a change in determining your inventory: | _____ [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 _____

| | 2016 Information | Prior Year Information |
|--|------------------|------------------------|
| 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

| | | 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

Please provide all Forms 1099-K

Preparer use only

| | 2016 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse/Joint (T, S, J) | _____ [2] | |
| Employer identification number | _____ [3] | |
| Description | _____ [4] | |
| Principal Product | _____ [5] | |
| State postal code | _____ [6] | |
| Accounting method (1 = Cash, 2 = Accrual) | _____ [7] | _____ |
| Agricultural activity code | _____ [9] | _____ |
| Did you "materially participate" in this business? (Y, N) | _____ [12] | _____ |
| Did you make any payments in 2016 that require you to file Form(s) 1099? (Y, N) | _____ [14] | _____ |
| If "Yes", did you or will you file all required Forms 1099? (Y, N) | _____ [16] | _____ |
| Mark if Schedule F net income or loss should be excluded from self-employment income | _____ [18] | _____ |
| Medical insurance premiums paid by this activity | + _____ [22] | _____ |
| Long-term care premiums paid by this activity | + _____ [26] | _____ |

Schedule F Income

| Sales Code** | Income description | 2016 Information | Prior Year Information |
|--------------|--------------------|------------------|------------------------|
| - | _____ | + _____ [36] | _____ |
| - | _____ | + _____ | _____ |
| - | _____ | + _____ | _____ |
| - | _____ | + _____ | _____ |
| - | _____ | + _____ | _____ |

| ** Sales Codes | |
|---|--------------------------------|
| 1 = Cash sales of items bought for resale | 4 = Custom hire (machine work) |
| 2 = Cash sales of items raised | 5 = Other income |
| 3 = Accrual sales | |

| | 2016 Information | Prior Year Information |
|--|------------------|------------------------|
| Cost or other basis of livestock and other items you bought for resale (Cash method) | + _____ [38] | _____ |
| Beginning inventory of livestock and other items (Accrual method) | + _____ [40] | _____ |
| Accrual cost of livestock, produce, grains, and other products purchased | + _____ [42] | _____ |
| Ending Inventory of livestock and other items (Accrual method) | + _____ [44] | _____ |
| Total cooperative distributions you received | + _____ [46] | _____ |
| Taxable cooperative distributions you received | + _____ [48] | _____ |

| | 2016 Total | 2016 Taxable | Prior Year Information |
|-------------------------------|------------|--------------|------------------------|
| Agricultural program payments | + _____ | + _____ [51] | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |

| | 2016 Information | Prior Year Information |
|--|------------------|------------------------|
| CRP payments received while enrolled to receive social security or disability benefits | + _____ [53] | _____ |
| Commodity credit loans reported under election: | + _____ [55] | _____ |
| _____ | + _____ | _____ |
| Total commodity credit loans forfeited | + _____ [57] | _____ |
| Taxable commodity credit loans forfeited | + _____ [59] | _____ |

| | 2016 Total | 2016 Taxable | Prior Year Information |
|---|------------|--------------|------------------------|
| Total crop insurance proceeds you received in 2016 | + _____ | + _____ [62] | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| Mark if electing to defer crop insurance proceeds to 2017 | _____ [64] | _____ | _____ |
| Crop insurance proceeds deferred from 2015 | _____ [66] | + _____ | _____ |

Preparer use only

Description

| | 2016 Information | Prior Year Information |
|---|------------------|------------------------|
| Car and truck expenses | + _____ [5] | _____ |
| Chemicals | + _____ [7] | _____ |
| Conservation expenses | + _____ [9] | _____ |
| Carryover from prior years | + _____ [11] | _____ |
| Custom hire (machine work) | + _____ [13] | _____ |
| Depreciation | + _____ [15] | _____ |
| Employee benefit programs (Include Small Employer Health Ins Premiums credit) | + _____ [17] | _____ |
| Feed purchased | + _____ [19] | _____ |
| Fertilizers and lime | + _____ [21] | _____ |
| Freight and trucking | + _____ [23] | _____ |
| Gasoline, fuel, and oil | + _____ [25] | _____ |
| Insurance (Other than health) | + _____ [28] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Mortgage interest (Paid to banks, etc.) | + _____ [30] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Other interest | + _____ [32] | _____ |
| Labor hired (Less employment credit) | + _____ [34] | _____ |
| Pension and profit sharing | + _____ [36] | _____ |
| Rent - vehicles, machinery, and equipment | + _____ [38] | _____ |
| Rent - other | + _____ [40] | _____ |
| Repairs and maintenance | + _____ [42] | _____ |
| Seed and plants purchased | + _____ [44] | _____ |
| Storage and warehousing | + _____ [46] | _____ |
| Supplies purchased | + _____ [48] | _____ |
| Taxes: | | |
| _____ | + _____ [50] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Utilities | + _____ [52] | _____ |
| Veterinary, breeding, and medicine | + _____ [54] | _____ |
| Other expenses: | | |
| _____ | + _____ [56] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Preproductive period expenses | + _____ [58] | _____ |

Control Totals +

Preparer use only

| | 2016 Information | Prior Year Information |
|--|------------------|---|
| Taxpayer/Spouse/Joint (T, S, J) | _____ [2] | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Employer identification number | _____ [3] | |
| Description | _____ [4] | |
| State postal code | _____ [5] | |
| Did you "actively participate" in the operation of this business this year? (Y, N) | _____ [6] | |

Income Items

| | 2016 Information | Prior Year Information |
|--|------------------|--|
| Income from production of livestock, produce, grains, and other crops: | | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| _____ | + _____ [16] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| Total cooperative distributions you received | + _____ [18] | |
| Taxable cooperative distributions you received | + _____ [20] | |

| | 2016 Total | 2016 Taxable | Prior Year Information |
|--------------------------------|------------|--------------|---|
| Agricultural program payments: | | | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| _____ + _____ [22] | _____ [23] | | |
| _____ + _____ | + _____ | | |
| _____ + _____ | + _____ | | |

| | 2016 Information | Prior Year Information |
|---|------------------|---|
| Commodity credit loans reported under election: | | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| _____ | + _____ [25] | |
| _____ | + _____ | |
| Total commodity credit loans forfeited | + _____ [27] | |
| Taxable commodity credit loans forfeited | + _____ [29] | |

| | 2016 Total | 2016 Taxable | Prior Year Information |
|--|------------|--------------|---|
| Crop insurance proceeds you received in 2016 | | | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| _____ + _____ [31] | _____ [32] | | |
| _____ + _____ | + _____ | | |
| _____ + _____ | + _____ | | |

| | 2016 Information | Prior Year Information |
|---|------------------|--|
| Mark if electing to defer crop insurance proceeds to 2017 | _____ [34] | - |
| Crop insurance proceeds deferred from 2015 | + _____ [36] | |
| Other income: | | <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| _____ | + _____ [39] | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |
| _____ | + _____ | |

Preparer use only

Description

| | 2016 Information | Prior Year Information |
|---|------------------|------------------------|
| Car and truck expenses | + _____ [6] | _____ |
| Chemicals | + _____ [8] | _____ |
| Conservation expenses | + _____ [10] | _____ |
| Carryover from prior years | + _____ [12] | _____ |
| Custom hire (machine work) | + _____ [14] | _____ |
| Depreciation | + _____ [16] | _____ |
| Employee benefit programs | + _____ [18] | _____ |
| Feed purchased | + _____ [20] | _____ |
| Fertilizers and lime | + _____ [22] | _____ |
| Freight and trucking | + _____ [24] | _____ |
| Gasoline, fuel, and oil | + _____ [26] | _____ |
| Insurance (Other than health): | | |
| _____ | + _____ [28] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Mortgage interest (Paid to banks, etc.): | | |
| _____ | + _____ [30] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Other interest | + _____ [33] | _____ |
| Labor hired (Less employment credit) | + _____ [35] | _____ |
| Pension and profit sharing | + _____ [37] | _____ |
| Rent - vehicles, machinery, and equipment | + _____ [39] | _____ |
| Rent - other | + _____ [41] | _____ |
| Repairs and maintenance | + _____ [43] | _____ |
| Seed and plants purchased | + _____ [45] | _____ |
| Storage and warehousing | + _____ [47] | _____ |
| Supplies purchased | + _____ [49] | _____ |
| Taxes: | | |
| _____ | + _____ [51] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Utilities | + _____ [53] | _____ |
| Veterinary, breeding, and medicine | + _____ [55] | _____ |
| Other expenses: | | |
| _____ | + _____ [57] | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| _____ | + _____ | _____ |
| Preproductive period expenses | + _____ [59] | _____ |

| Preparer use only Carryovers | Regular | AMT |
|---------------------------------|--------------|--------------|
| Operating | + _____ [68] | + _____ [69] |
| Short-term capital | + _____ [70] | + _____ [71] |
| Long-term capital | + _____ [72] | + _____ [73] |
| 28% rate capital | + _____ [74] | + _____ [75] |
| Section 1231 loss | + _____ [76] | + _____ [77] |
| Ordinary business gain/loss | + _____ [78] | + _____ [79] |
| Section 179 | + _____ [80] | + _____ [81] |
| Excess farm loss | + _____ [84] | + _____ [85] |

Control Totals +

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Regular | AMT |
|------------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Other losses - 1040 pg.1 | [26] | [27] |
| | Comm revitalization | [28] | [29] |
| | Section 179 | [30] | [31] |
| | Excess farm loss | [34] | [35] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Regular | AMT |
|------------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Other losses - 1040 pg.1 | [26] | [27] |
| | Comm revitalization | [28] | [29] |
| | Section 179 | [30] | [31] |
| | Excess farm loss | [34] | [35] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Regular | AMT |
|------------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Other losses - 1040 pg.1 | [26] | [27] |
| | Comm revitalization | [28] | [29] |
| | Section 179 | [30] | [31] |
| | Excess farm loss | [34] | [35] |

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|-------------------|---------------------------------|---------|------|
| Enter on K1T-3 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Comm revitalization | [26] | [27] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|-------------------|---------------------------------|---------|------|
| Enter on K1T-3 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Comm revitalization | [26] | [27] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|-------------------|---------------------------------|---------|------|
| Enter on K1T-3 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Comm revitalization | [26] | [27] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|-------------------|---------------------------------|---------|------|
| Enter on K1T-3 | Operating | [14] | [15] |
| | Short-term capital | [16] | [17] |
| | Long-term capital | [18] | [19] |
| | 28% rate capital | [20] | [21] |
| | Section 1231 loss | [22] | [23] |
| | Ordinary business gain/loss | [24] | [25] |
| | Comm revitalization | [26] | [27] |

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]

| | Taxpayer | Spouse |
|---|------------|------------|
| Reduced exclusion days: (Enter only days within 5-year period ending on sale date) | | |
| 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:

| | Taxpayer | Spouse |
|--|--------------|--------------|
| Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N) | __ [1] | __ [2] |
| Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | __ [3] | __ [4] |
| Enter the total traditional IRA contributions made for use in 2016 | + _____ [5] | + _____ [6] |
| | | |
| | Taxpayer | Spouse |
| Enter the nondeductible contribution amount made for use in 2016 | + _____ [11] | + _____ [12] |
| Enter the nondeductible contribution amount made in 2017 for use in 2016 | + _____ [13] | + _____ [14] |
| Traditional IRA basis | + _____ [15] | + _____ [16] |
| Value of all your traditional IRA's on December 31, 2016: | + _____ [17] | + _____ [18] |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

Roth IRA

Please provide copies of any 1998 through 2015 Form 8606 not prepared by this office

| | Taxpayer | Spouse |
|--|--------------|--------------|
| Mark if you want to contribute the maximum Roth IRA contribution | __ [27] | __ [28] |
| Enter the total Roth IRA contributions made for use in 2016 | + _____ [29] | + _____ [30] |
| Enter the total amount of Roth IRA conversion recharacterizations for 2016 | + _____ [37] | + _____ [38] |
| Enter the total contribution Roth IRA basis on December 31, 2015 | + _____ [41] | + _____ [42] |
| Enter the total Roth IRA contribution recharacterizations for 2016 | + _____ [43] | + _____ [44] |
| Enter the Roth conversion IRA basis on December 31, 2015 | + _____ [45] | + _____ [46] |
| Value of all your Roth IRA's on December 31, 2016: | + _____ [47] | + _____ [48] |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

| | 2016 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse (T, S) | _____ [1] | [] |
| Name of Trustee _____ | _____ [4] | |
| State postal code _____ | _____ [2] | |
| Indicate type of health or medical savings account: | | |
| HSA | _____ [6] | |
| Archer MSA | _____ [7] | |
| MA (Medicare Advantage) MSA | _____ [9] | |
| Total HSA/MSA contributions made | | |
| for 2016 (Enter all amounts contributed, including through employer cafeteria plans) | + _____ [10] | |
| Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) | _____ [12] | |
| Number of months in qualified high deductible health plan in 2016 | _____ [13] | |
| Mark if you want to contribute the maximum allowable health or medical savings account contribution amount | _____ [14] | |
| Total HSA/MSA contribution to be made for 2016 | + _____ [15] | |
| Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) | + _____ [16] | |
| Excess contributions for 2015 taken as constructive contributions for 2016 | + _____ [19] | |
| Rollover contribution (Form 5498-SA, Box 4) | + _____ [21] | |

Complete this section if your account is an Archer MSA or MA MSA

| | | |
|--|--------------|-----|
| Amount of annual deductible | + _____ [24] | [] |
| Enter compensation from employer maintaining high deductible health plan | + _____ [27] | |
| If self-employed, enter earned income from business under which plan was established | + _____ [31] | |

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2016? (Y, N) _____ [33]

NOTES/QUESTIONS:

Please provide all Forms 1099-SA.

| | 2016 Information | Prior Year Information |
|--|------------------|--|
| Taxpayer/Spouse (T, S) | _____[1] | <div style="border: 1px solid black; height: 100%;"></div> |
| Name of Trustee _____ | _____[4] | |
| State postal code _____ | _____[2] | |
| Gross distributions received (Box 1) | + _____[7] | |
| Earnings on excess contributions (Box 2) | + _____[9] | |
| Distribution code (Box 3) | _____[11] | |
| Fair Market Value on date of death (Box 4) | + _____[12] | |
| Box 5 - | | |
| HSA | _____[13] | |
| Archer MSA | _____[14] | |
| MA MSA | _____[15] | |
| All distributions were used to pay unreimbursed qualified medical expenses | _____[17] | |
| If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2016 | + _____[19] | |
| Withdrawal of excess contributions by the due date of the return | + _____[21] | |
| Amount of distribution rolled over for 2016 | + _____[23] | |
| If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer | + _____[26] | |
| If MA (Medicare Advantage) MSA, enter value of account on 12/31/15 | + _____[27] | |
| For HSA accounts: | | |
| Was the high deductible health plan coverage started in 2015 and in effect for the month of December 2015? (Y, N) | _____[29] | |
| Was the high deductible health plan coverage ended before 12/31/16? (Y, N) | _____[30] | |

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

| | 2016 Information | Prior Year Information |
|---|------------------|--|
| Name of the insured chronically ill individual _____ | _____[39] | <div style="border: 1px solid black; height: 100%;"></div> |
| Social security number of insured _____ | _____[40] | |
| Gross long-term care (LTC) benefits paid (Box 1) | + _____[42] | |
| Accelerated death benefits paid (Box 2) | + _____[44] | |
| Check one (Box 3) | | |
| Per diem | _____[46] | |
| Reimbursed amount | _____[47] | |
| Qualified contract (Box 4) | _____[48] | |
| Check, if applicable (Box 5) | | |
| Chronically ill | _____[49] | |
| Terminally ill | _____[50] | |
| Are there other individuals who received LTC payments during 2016? (Y, N) | _____[52] | |
| If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) | _____[53] | |
| Number of days during the long-term care period _____ | _____[54] | |
| Cost incurred for qualified long-term care services during the long-term care period | + _____[55] | |

NOTES/QUESTIONS:

Preparer use only

| | | |
|--|---------|------|
| Description of move | _____ | [2] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [3] |
| Mark if the move was due to service in the armed forces | _____ | [7] |
| Number of miles from old home to new workplace | _____ | [8] |
| Number of miles from old home to old workplace | _____ | [9] |
| Mark if move is outside United States or its possessions | _____ | [10] |
| Transportation and storage expenses | + _____ | [11] |
| Travel and lodging (not including meals) | + _____ | [12] |
| Miles driven to new home | _____ | [13] |
| Total amount reimbursed for moving expenses | + _____ | [15] |

NOTES/QUESTIONS:

Alimony Paid:

| T/S/J | Recipient name | Recipient SSN | 2016 Information | Prior Year Information |
|---------|----------------|---------------|------------------|------------------------|
| | | | + _____ [1] | |
| Address | | | + _____ | |
| | | | + _____ | |
| Address | | | + _____ | |

| | 2016 Information | | Prior Year Information |
|--------------------|------------------|-------------|------------------------|
| | Taxpayer | Spouse | |
| Educator expenses: | | | |
| | + _____ [3] | + _____ [4] | |
| | + _____ | + _____ | |
| Other adjustments: | | | |
| | + _____ [6] | + _____ [7] | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |
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| | + _____ | + _____ | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |
| | + _____ | + _____ | |

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2016 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2016. The amounts reported by the lender may differ from the amounts you actually paid.

| TS | Qualified loan interest recipient/lender | + | 2016 Interest Paid | [1] | Prior Year Information |
|----|--|---|-----------------------|-----|--|
| - | _____ | + | _____ | [1] | <div style="border: 1px solid black; background-color: #cccccc; padding: 5px;"> _____ _____ _____ </div> |
| - | _____ | + | _____ | | |
| - | _____ | + | _____ | | |
| - | _____ | + | _____ | | |

NOTES/QUESTIONS:

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

| | 2016 Information | Prior Year Information | | | | |
|---|------------------|---|--|--|--|--|
| Amount contributed in current year | + _____ [14] | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Basis of this account at 12/31/15 | + _____ [17] | | | | | |
| Value of this account at 12/31/16 | + _____ [19] | | | | | |
| Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse) | + _____ [24] | | | | | |

Payments from Qualified Education Programs

| | 2016 Information | Prior Year Information | | | | | | | | | | |
|---|------------------|---|--|--|--|--|--|--|--|--|--|--|
| Gross distribution (Box 1) | + _____ [30] | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Earnings (Box 2) | + _____ [32] | | | | | | | | | | | |
| Basis (Box 3) | + _____ [34] | | | | | | | | | | | |
| Trustee-to-trustee rollover (Box 4) | _____ [36] | | | | | | | | | | | |
| Trustee-to-trustee rollover amount if different than Box 1 | + _____ [37] | | | | | | | | | | | |
| Box 5 - | | | | | | | | | | | | |
| Private QTP | _____ [39] | | | | | | | | | | | |
| State QTP | _____ [40] | | | | | | | | | | | |
| Coverdell ESA | _____ [41] | | | | | | | | | | | |
| Check if the recipient is not the designated beneficiary (Box 6) | _____ [42] | | | | | | | | | | | |
| Qualified education expenses | + _____ [43] | | | | | | | | | | | |
| Elementary and secondary education expenses | + _____ [45] | | | | | | | | | | | |

NOTES/QUESTIONS:

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] |
|--------|--------------------------------|--|------------|

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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] |
| _ | _____ | + | _____ |
| _ | _____ | + | _____ |

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| T/S/J | | 2016 Interest Paid [2] | 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] |
| | Address _____ | | | |
| | City, state and zip code _____ | | | |
| | _____ | | + | |
| | Address _____ | | | |
| | City, state and zip code _____ | | | |

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] |
| | _____ | + | _____ |
| | _____ | + | _____ |
| | _____ | + | _____ |
| | _____ | + | _____ |
| | _____ | + | _____ |
| | _____ | + | _____ |
| | _____ | + | _____ |
| | _____ | + | _____ |
| | _____ | + | _____ |

Charitable Contributions

| 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] | |
| - | _____ | + _____ | |

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

| | | |
|--|-------|------|
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [1] |
| Donated property description | _____ | [4] |
| Name of donee organization | _____ | [5] |
| Address of donee organization | _____ | [6] |
| City | _____ | [7] |
| State postal code | _____ | [8] |
| Zip code | _____ | [9] |
| Date contributed | _____ | [10] |
| Date acquired by donor | _____ | [11] |
| How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) | _____ | [12] |
| Donor's cost or basis | _____ | [13] |
| Fair market value | _____ | [14] |
| Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) | _____ | [15] |
| If other: | _____ | [16] |

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

| | | |
|--|-------|------|
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [1] |
| Donated property description | _____ | [4] |
| Name of donee organization | _____ | [5] |
| Address of donee organization | _____ | [6] |
| City | _____ | [7] |
| State postal code | _____ | [8] |
| Zip code | _____ | [9] |
| Date contributed | _____ | [10] |
| Date acquired by donor | _____ | [11] |
| How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) | _____ | [12] |
| Donor's cost or basis | _____ | [13] |
| Fair market value | _____ | [14] |
| Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) | _____ | [15] |
| If other: | _____ | [16] |

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

| | | |
|--|-------|------|
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [1] |
| Donated property description | _____ | [4] |
| Name of donee organization | _____ | [5] |
| Address of donee organization | _____ | [6] |
| City | _____ | [7] |
| State postal code | _____ | [8] |
| Zip code | _____ | [9] |
| Date contributed | _____ | [10] |
| Date acquired by donor | _____ | [11] |
| How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) | _____ | [12] |
| Donor's cost or basis | _____ | [13] |
| Fair market value | _____ | [14] |
| Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) | _____ | [15] |
| If other: | _____ | [16] |

Control Totals +

Please provide all Forms 1098-C. If you received a different acknowledgement from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) _____ [1]
 Donee's name _____ [4]
 State postal code _____ [3]
 Date of contribution (Box 1) _____ [9]
 Odometer mileage (Box 2a) _____ [10]
 Year of vehicle (Box 2b) _____ [11]
 Make of vehicle (Box 2c) _____ [12]
 Model of vehicle (Box 2d) _____ [13]
 Vehicle or other identification number (Box 3) _____ [14]
 Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____ [15]
 Date of sale (Box 4b) _____ [16]
 Gross proceeds from sale (Box 4c) + _____ [17]
 Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____ [18]
 Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____ [19]
 Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____ [20]
 _____ [20]
 _____ [20]
 Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes _____ [21] No _____ [22]
 Value of goods and services provided in exchange for the vehicle (Box 6b) + _____ [23]
 Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) _____ [24]
 Description of goods and services (Box 6c) _____ [25]
 _____ [25]
 _____ [25]
 Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) _____ [26]

Other Information for Donated Property

Overall physical condition of property _____ [31]
 Date property was acquired by donor _____ [32]
 How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [33]
 Donor's cost or basis + _____ [34]
 Fair market value on date of contribution + _____ [35]
 Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [36]
 If other: _____ [37]
 Bargain sale amount received _____ [38]
 Donee's address, and ZIP code _____ [42]
 _____ [43] _____ [44] _____ [45]
 Donee's telephone number _____ [46]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession [3]
Taxpayer/Spouse/Joint (T, S, J) [4]
State postal code [5]

Business Use of Home

Table with 3 columns: Description, 2016 Information, Prior Year Information. Rows include Total area of home, Area used exclusively for business, and Information for day-care facilities only.

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

Table with 4 columns: Description, Direct Expenses, Indirect Expenses, Prior Year Information. Rows include Mortgage interest, Real estate taxes, Insurance, Rent, Repairs & maintenance, Utilities, and Excess casualty losses.

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

| | | | |
|-------------|------------------------|-------|------|
| Vehicle 1 - | Date placed in service | _____ | [4] |
| | Description | _____ | [5] |
| | Comments | _____ | |
| Vehicle 2 - | Date placed in service | _____ | [9] |
| | Description | _____ | [10] |
| | Comments | _____ | |
| Vehicle 3 - | Date placed in service | _____ | [14] |
| | Description | _____ | [15] |
| | Comments | _____ | |
| Vehicle 4 - | Date placed in service | _____ | [19] |
| | Description | _____ | [20] |
| | Comments | _____ | |

Vehicle Questions

| | Vehicle 1 | Prior Year | Vehicle 2 | Prior Year | Vehicle 3 | Prior Year | Vehicle 4 | Prior Year |
|--|-----------|------------|-----------|------------|-----------|------------|-----------|------------|
| If you used your automobile for work purposes, answer the following questions: | | | | | | | | |
| Was the vehicle available for off-duty personal use? (Y, N) | ___ [60] | ___ | ___ [62] | ___ | ___ [64] | ___ | ___ [66] | ___ |
| Was another vehicle available for personal use? (Y, N) | ___ [68] | ___ | ___ [70] | ___ | ___ [72] | ___ | ___ [74] | ___ |
| Do you have evidence to support your deduction? (Y, N) | ___ [76] | ___ | ___ [78] | ___ | ___ [80] | ___ | ___ [82] | ___ |
| Is this evidence written? (Y, N) | ___ [84] | ___ | ___ [86] | ___ | ___ [88] | ___ | ___ [90] | ___ |

Vehicle Expenses

| | Vehicle 1 | Prior Year Information | Vehicle 2 | Prior Year Information | Vehicle 3 | Prior Year Information | Vehicle 4 | Prior Year Information |
|-------------------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|
| Total miles for year | _____ [32] | | _____ [34] | | _____ [36] | | _____ [38] | |
| Commuting miles | _____ [42] | | _____ [44] | | _____ [46] | | _____ [48] | |
| Business miles | _____ [52] | | _____ [54] | | _____ [56] | | _____ [58] | |
| Parking fees | + _____ [92] | | + _____ [94] | | + _____ [96] | | + _____ [98] | |
| Tolls | + _____ [100] | | + _____ [102] | | + _____ [104] | | + _____ [106] | |
| Gasoline | + _____ [108] | | + _____ [110] | | + _____ [112] | | + _____ [114] | |
| Oil | + _____ [116] | | + _____ [118] | | + _____ [120] | | + _____ [122] | |
| Repairs | + _____ [124] | | + _____ [126] | | + _____ [128] | | + _____ [130] | |
| Maintenance | + _____ [132] | | + _____ [134] | | + _____ [136] | | + _____ [138] | |
| Tires | + _____ [140] | | + _____ [142] | | + _____ [144] | | + _____ [146] | |
| Car washes | + _____ [148] | | + _____ [150] | | + _____ [152] | | + _____ [154] | |
| Insurance | + _____ [156] | | + _____ [158] | | + _____ [160] | | + _____ [162] | |
| Interest | + _____ [164] | | + _____ [166] | | + _____ [168] | | + _____ [170] | |
| Registration | + _____ [172] | | + _____ [174] | | + _____ [176] | | + _____ [178] | |
| Licenses | + _____ [180] | | + _____ [182] | | + _____ [184] | | + _____ [186] | |
| Property taxes | + _____ [188] | | + _____ [190] | | + _____ [192] | | + _____ [194] | |
| Other vehicle expenses | + _____ [196] | | + _____ [198] | | + _____ [200] | | + _____ [202] | |
| Vehicle rentals | + _____ [204] | | + _____ [206] | | + _____ [208] | | + _____ [210] | |
| Inclusion amt (Preparer only) | + _____ [212] | | + _____ [214] | | + _____ [216] | | + _____ [218] | |
| Depreciation | + _____ [220] | | + _____ [222] | | + _____ [224] | | + _____ [226] | |

Control Totals +

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]

Greyed out box for prior year information.

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.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type*, Full Year, Start Month, End Month. Includes a small box with a [7] reference.

*Other Exemption Type Codes

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

2016 Information

Prior Year Information

Taxpayer

Spouse

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

Two rows of lines with plus signs and bracketed numbers [12] and [13] for 2016 information.

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

Two rows of lines with plus signs and bracketed numbers [15] and [16] for 2016 information.

Greyed out box for prior year information.

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 _____

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 _____

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 _____

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 _____

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

| | |
|--|--------------|
| Taxpayer/Spouse/Joint (T, S, J) | _ [1] |
| Were the costs incurred made to your main home located in the United States? (Y, N) | _ [2] |
| Were the costs incurred related to the construction of your main home located in the United States? (Y, N) | _ [3] |
| Enter the total amount of costs for insulation material or system to reduce heat loss or gain | + _____ [5] |
| Enter the total amount of costs for exterior windows | + _____ [7] |
| Enter the total amount of costs for exterior doors | + _____ [9] |
| Enter the total amount of costs for qualified metal roofs | + _____ [11] |
| Enter the total amount of costs for energy-efficient building property | + _____ [6] |
| Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers | + _____ [8] |
| Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace | + _____ [10] |
| Enter the total amount of costs for qualified solar electric property | + _____ [12] |
| Enter the total amount of costs for qualified solar water heating property | + _____ [14] |
| Enter the total amount of costs for qualified small wind energy property | + _____ [16] |
| Enter the total amount of costs for qualified geothermal heat pump property | + _____ [13] |
| Enter the total amount of costs for qualified fuel cell property | + _____ [15] |
| Enter the total amount of kilowatt capacity of the qualified fuel cell property | _____ [17] |

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)

__ [1]

| | 2016 Information | Prior Year Information |
|---|---------------------------------|------------------------|
| Deposit or Custodial account (D= Deposit, C = Custodial) | __ [4] | [] |
| Type of Account: | | |
| Bank | __ [5] | |
| Securities | __ [6] | |
| Other | _____ [7] | |
| Maximum value of account | _____ [8] | |
| Account number or other designation | _____ [10] | |
| Financial institution | _____ [12] | |
| Address of financial institution | _____ [13] | |
| City, state, zip code | _____ [14] ____ [15] _____ [16] | |
| Foreign country code/name | ____ [17] _____ [18] | |
| For addresses in Mexico, enter state | _____ [20] | |
| Foreign province/county | _____ [23] | |
| Foreign postal code | _____ [24] | |
| Account jointly owned with spouse | __ [25] | |
| Account opened during the tax year | __ [47] | |
| Account closed during the tax year | __ [49] | |
| Information is reported for a financial account which is: | __ [27] | |

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

| | |
|--|---------------------------------|
| Taxpayer identification number of account holder/joint owner | _____ [28] |
| Foreign identification number of account holder/joint owner (If no Taxpayer identification number) | _____ [29] |
| Last name or organization name of account holder/joint owner | _____ [30] |
| First name and middle initial of account holder/joint owner | _____ [31] ____ [32] |
| Address and apartment | _____ [33] _____ [34] |
| City, state, zip code | _____ [35] ____ [36] _____ [37] |
| Foreign country code/name | ____ [38] _____ [39] |
| For addresses in Mexico, enter state | _____ [41] |
| Foreign postal code | _____ [44] |
| Number of joint owners (Not including taxpayer, if applicable) | _____ [45] |
| Filer's title with this owner (If applicable) | _____ [46] |

NOTES/QUESTIONS:

Notes to Preparer

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

Taxpayer name(s) _____

Social security number _____