

**Turner, Leins & Gold, LLC**  
*Certified Public Accountants and Business Consultants*

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(703) 242-6500  
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700 King Farm Blvd, Suite 550  
Rockville, Maryland 20850  
(301) 340-6300  
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Dear Valued Client,

We trust you had a memorable holiday season and our best wishes for a happy new year.

**On the tax front**

Your tax organizer is included with this letter to help you gather the information we need to prepare your return. Please complete the organizer in its entirety, as it helps to clarify items during the tax preparation process and helps avoid errors. **Note that there is no need to re-record information from tax documents provided to you by third parties (i.e. W-2 forms, 1099 forms, 1098 forms, etc.) as you simply include all these forms with your organizer and return to us. However, please be certain to record information that is not on reporting forms sent to you by others (i.e. expenses incurred on rental properties or self-employed business expenses).**

Please be certain to sign the engagement letter. We apologize for the length of our engagement letter. Our professional standards require that we obtain this engagement letter **prior** to completing your tax return.

**Deadlines to be aware of**

Generally, returns are prepared on a first-come, first-served basis. If you have an urgent need for your return, please let us know. We will do our very best to help you meet any deadlines you may have. To assist us in helping you file by the deadline, we ask that you deliver your information in time for us to process it efficiently and effectively. This may include sending your tax information even if an item is missing, such as a broker's statement or Form K-1.

We strive to achieve the best results, which takes time. Your return will likely take longer to prepare this year given the continued tax law changes. Accordingly, we request that you have your information in our office as outlined below.

	<b><u>Return Due Dates:</u></b>	<b><u>Document Deadlines (should be received no later than)</u></b>
<b>Partnership &amp; S-Corporation Returns (Year-end 12/31)</b>	March 15th September 15th (extended due date)	February 15th August 15th
<b>C-Corporation Returns (Year-end 12/31)</b>	April 15th September 15th (extended due date)	March 15th August 15th
<b>Trust &amp; Estate Returns (Year-end 12/31)</b>	April 15 <sup>th</sup> September 30th (extended due date)	March 15th August 30th
<b>Individual Returns &amp; FBAR (Foreign Bank Account Reporting)</b>	April 15th October 15th (extended due date)	March 15th September 15th

**Scheduling an appointment during tax season**

As you know, tax season is a very pressured time of year for accounting firms. If you would like to meet with a tax professional to discuss your 2016 taxes, we ask that you make a scheduled appointment to review your tax documents when you drop them off. Also, please provide your email address to facilitate communications.

**Address/phone number or other changes**

If you have moved, changed phone numbers or changed email addresses, please be certain to note this in your organizer. If you will not be needing our services during the upcoming year, please contact Mary Flis in our Vienna location at (703)242-6500 or Ashley Webster in our Rockville location at (301)340-6300 to let us know.

**Electronic Filing Requirement**

As you are probably aware, we **are required** to file federal returns electronically in the absence of an e-file opt-out. We will address the specific state requirements for your situation as they arise during the filing season. If you would like to opt-out of electronic filing at the federal or state level, please call or email us to request an Opt-Out Agreement.

**Health Insurance purchased through the Marketplace Exchange**

If you purchased insurance on an exchange, we must have your Form 1095-A. This form is required in order for us to calculate any repayment of your excess advance premium tax credit, or any additional credit to which you may be entitled.

**Other items to note**

Given the technology changes we have made this past year we are now able to securely deliver your tax returns and provide other information electronically through our "Axxcess Portal". If you would prefer this method of delivery, please let us know by placing a note with your tax documents.

We thank you for taking time to read this letter, and we look forward to working with you soon.

Sincerely,

*Turner, Leins & Gold, LLC*

## HEADACHE SAVERS

Federal, state and local governments are continuously looking for sources of additional revenue. This means more inquiries, notices and audits. Save yourself the added headache of finding good records one or two years from now should your return be questioned. Resist the temptation to provide round number estimates and “same as last year” answers. **Give us the numbers your records support.**

### Sensitive topics include:

- **Automobile Business Mileage** – keep good records of where and when you drive for business – use a diary or calendar to prove your business usage. Keep receipts that support total mileage for the year as well.
- **In case of an audit**, the IRS is routinely asking for a copy of your **QuickBooks**, or other accounting software, for the audit year.
- **Miscellaneous expense** – too high a number indicates you’re not categorizing your expenses well. More detail is better.
- **Meals and entertainment** – jot down on your receipt who you saw and for what business purpose. As many receipts fade quickly, keep a diary or copy annotated receipts before they fade. You may want to double check that your records correlate with the receipts for this type of meeting.
- **Subcontractor expense** – The IRS is offering a voluntary program to convert independent contractors to employees. That means audits are coming soon. If you, the employer, control hours and method of work, you have employees. High subcontractor expenses can arouse IRS curiosity.
- **Office in home** – business use has to be exclusive and regular.
- **Hobby losses** – substantiate your expertise, regular and continuous business activity and profit motive. Use a separate bank account, credit card, etc for your business. Report only **business** expenses. The IRS is asking for proof that losing activities are real businesses.
- **The IRS is focusing on home-based business**, such as Mary Kay, Avon, Pampered Chef, Longaberger, etc – especially if there are losses.
- **Contributions** – be sure to obtain and keep letters from charities for contributions made in one day to one charity of \$250 or more. Noncash contributions of similar items, that **total \$5,000** or more for the year, require an **appraisal**.
- **States** – New York, California, Michigan and others are trying to assert that if an individual has a presence in their state, that person should be subject to tax, often as a resident. Keep good records of how many days you work in states other than your home state. Cell phones, credit cards, EZ pass records show where you are. Be aware that if you’re in NY on business for 1 minute, it counts as a full day.
- **Foreign Accounts and/or Assets** - Should you own, or have signature authority over, any foreign accounts and/or assets, including retirement plans, please provide statements. If statements are not readily available, please advise us and we will contact you to discuss the required information.



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**ENGAGEMENT LETTER**

Thank you for selecting Turner, Leins & Gold, LLC (TLG), to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your 2016 federal and all state individual (Form 1040 based) income tax returns you request using information you provide to us. It is your responsibility to provide information required for preparation of complete and accurate returns. Our services are not intended to determine whether you have filing requirements in other taxing jurisdictions than the one(s) you have informed us of. Our firm is available under the terms of a separate engagement letter to provide a nexus study that will enable us to determine whether any other state tax filings are required.

If, during the course of preparing your returns, we become aware of additional filings necessary, we will discuss them with you. Depending on the required filings, we may request an additional engagement letter or incorporate those filings in this engagement letter. We are not responsible for any tax returns or filings outside the scope of this engagement letter.

You should keep all documents, canceled checks and other data that support your reported income and deductions. We will return to you all original documents that you supply to us to prepare your returns. You should keep this information, along with a copy of your returns, with all other tax related documents. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You have the final responsibility for your returns, so you should review them carefully before you sign and mail them, or provide a signed copy of the electronic filing form(s) to us authorizing us to electronically file (“e-file”) your returns on your behalf.

If applicable, we've enclosed an “Organizer” to help you gather the information required for a complete return. Please use the Organizer, as it will help avoid overlooking important information and it contributes to the efficient preparation of your returns. Completion of the organizer also helps keep the cost for services as low as possible. You represent that the information you supply to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit.

**If you are unable to provide all of your tax preparation information by March 15th, 2017, your returns may have to be extended.** This allows time to properly complete returns for those who have already provided complete information. Note that an extension only provides additional time to prepare and file a tax return. It does not provide additional time to pay any tax due.

Please note that although e-filing will require both you and TLG to complete additional steps, the same filing deadlines apply. We will provide you with a copy of the income tax returns for your review prior to e-file submission. After you review the returns, you must provide us with signed authorization (forms included with your returns) indicating that you have reviewed the returns and that, to the best of your knowledge, they are correct.

We cannot transmit the returns to the taxing authorities until we have the signed authorization from you. Therefore, if you have not provided TLG with your signed authorization by April 7<sup>th</sup>, 2017, we will place your return on extension, even though it might already have been completed. In any event, you are responsible for payment of taxes due by the *original return filing deadline* (does not include extension time).

You should be aware that IRS audit procedures will almost always include questions regarding bartering transactions, other income transactions, and deductions that require strict documentation such as travel, entertainment, business usage of autos, computers and business accounting records if you run a business that is included on your tax return. In preparing your returns, we rely on your representations that we have been informed of all such transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns. All working papers and notes we prepare internally are part of our internal use only records and will remain our property.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your returns.

Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangements the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed.

The law also imposes penalties when taxpayers understate their tax liability. If an extension of time to file your 2016 returns is necessary, any tax due with those returns is due with the extension filing by the original filing deadline. Amounts not paid with the extension may be subject to interest and penalties when paid. We need as much of your information as possible to prepare the extension and calculate said potential tax liability. If you have concerns about such penalties, please call us.

Your returns may be selected for audit by a taxing authority. If you receive a letter/notice from a taxing authority, contact us immediately. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be billed at our standard hourly rates plus out-of-pocket expenses.

Our fee for preparation of your tax returns will be primarily based on the amount of time required at our standard billing rates plus out-of-pocket expenses, but will be no less than the minimum fees referenced in the chart below. Given the increasingly complex tax code, note that preparation of your return may take longer than in prior years. If you submit your documentation to us AFTER the deadlines referenced in the attached cover letter and require completion by the due date, you may be subject to an expediting fee. All invoices are due and payable upon presentation. A late charge of 1.5% per month will be added to all accounts not paid within thirty (30) days.

<b>Minimum Charges for Tax Preparation</b>	
Minimum Per Return (Federal & 1 State)	\$450
1040 with Business Return (Schedule C & SE)	\$625
Partnership Returns	\$750
Corporation Returns	\$750
Fiduciary Returns	\$750
Bookkeeping or record reconstruction for Tax Preparation during the months of January through April (per hour)	Per Hour
Expedite/ Rush Fee for all other services (up to a 5 day turn around requested by client)	\$300 - \$500
Checks or payments returned as "Non-Sufficient Funds"	\$50

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent. Should we receive any request for the disclosure of privileged information from any third party, we will notify you. We require your written authorization to disclose your information to third parties other than a subpoena or IRS summons. Should you instruct us not to make such disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside advisor's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

We will retain copies of records you supplied to us along with our work papers for your engagement for a period of five years. After five years, our work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage with all your tax records.

You must provide us with written notification if you wish to end this engagement prior to its completion. Likewise, we will provide you with written notification should we elect to end this engagement prior to completion. Upon receipt of such written notification by either party, we will cease all work and provide you with your original documents, if any remain in our possession. Ending this engagement prematurely releases us from any obligation to complete your return(s) and will constitute completion of this engagement. You agree to compensate us for our time and expenses through the date of receipt of such notification.

Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having an aggregate value exceeding \$10,000 in a foreign country, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation and by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. Such disclosure includes filing Form 8938 with Form 1040. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required income tax related forms and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.

If you and/or your entity have a financial interest in any foreign accounts, you are responsible for filing Form FinCen 114 required by the U.S. Department of the Treasury on or before April 15<sup>th</sup>, 2017, with a maximum extension for a six-month period ending October 15<sup>th</sup>, 2017.

In addition, currently the Internal Revenue Service, under IRC §6038 and §6046, requires information reporting if you are an officer, director or shareholder with respect to certain foreign corporations (Form 5471); foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472); U.S. transferor of property to a foreign corporation (Form 926); and, for taxable years beginning after March 18, 2010, if you hold foreign financial assets with an aggregate value exceeding \$50,000 (Form 8938).

These code sections describe the information required to be reported on the respective forms, which are due when your income tax return is due, including extensions. Therefore, if you fall into one of the above categories, you may be required to file one of the above listed forms. Failure to timely file may result in substantial monetary penalties. By your signature at the end of this letter, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

We will prepare your tax return(s) to be filed electronically. Should you elect to **NOT** have your returns electronically filed by us on your behalf, you must request, sign and return an **Electronic Filing "Opt-Out" Agreement** before we complete your tax returns. In the absence of a properly executed **Electronic Filing Opt-Out Agreement**, we will automatically prepare your returns for electronic filing. In this case, should you receive your returns prepared for electronic filing and decide you do not want them electronically filed, you agree to compensate us for time and expenses incurred to change your returns to "paper" filing status and prepare the government filing copies for you to file directly with the appropriate government entity.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign in the space(s) indicated below and return this letter to us with your tax documents.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,

*Stephen M. Turner, CPA*  
Managing Member

Accepted By: (Both Taxpayers should sign for preparation of joint returns)

(Taxpayer 1) \_\_\_\_\_

(Taxpayer 2) \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: If you are electronically filing (e-filing) your tax returns, you will receive final e-file authorization forms with your tax return and must sign and return them to us after you review your tax returns. This officially authorizes us to submit your returns electronically. We will not submit your tax returns until we have received these final authorization forms from you. Please be certain to open your tax return package and follow the instruction letters carefully when you receive your completed returns from us.**



# *Turner, Leins & Gold, LLC*

## PRIVACY POLICY

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

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

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

### PARTIES TO WHOM WE DISCLOSE INFORMATION

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

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

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

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

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## **2016 TAX ORGANIZER**

**T  
O**

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

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

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

### Personal Information:

**Yes    No**

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

### Dependents:

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

### Healthcare:

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

## Questions (Page 2 of 5)

### Healthcare (continued):

**Yes    No**

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_
- Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_
- If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? \_\_\_\_\_
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  
If you received a distribution from an HSA, include all Forms 1099-SA. \_\_\_\_\_
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  
If you received a distribution from an MSA, include all Forms 1099-SA. \_\_\_\_\_
- Did you or your spouse receive any distributions from long-term care insurance contracts?  
If Yes, include Form 1099-LTC. \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? \_\_\_\_\_
- If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? \_\_\_\_\_
- If Yes, how many months were you covered? \_\_\_\_\_
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? \_\_\_\_\_

### Education:

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

### Deductions and Credits:

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

## Questions (Page 3 of 5)

### Investments:

**Yes    No**

Did you or your spouse have any debts canceled, forgiven or refinanced? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate? \_\_\_\_\_ \_\_\_\_\_

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse engage in any put or call transactions? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the transaction details.

Did you or your spouse close any open short sales? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse sell any securities not reported on Form 1099-B? \_\_\_\_\_ \_\_\_\_\_

### Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse retire or change jobs? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation? \_\_\_\_\_ \_\_\_\_\_

If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

### Personal Residence:

Did your address change? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse claim a homebuyer credit for a home purchased in 2008? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? \_\_\_\_\_ \_\_\_\_\_

Are your total mortgages on your first and/or second residence greater than \$1,000,000? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_

Did you or your spouse take out a home equity loan? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse have an outstanding home equity loan at the end of the year? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? \_\_\_\_\_ \_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments? \_\_\_\_\_ \_\_\_\_\_

If Yes, include all Forms 1098-MA.

## Questions (Page 4 of 5)

### Sale of Your Home:

Yes No

Did you sell your home? \_\_\_\_\_

Did you receive Form 1099-S? \_\_\_\_\_

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? \_\_\_\_\_

Did you or your spouse ever rent out the property? \_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes? \_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years? \_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Both

### Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? \_\_\_\_\_

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? \_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount? \_\_\_\_\_

Did you or your spouse have a life insurance trust? \_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? \_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity? \_\_\_\_\_

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? \_\_\_\_\_

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? \_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust? \_\_\_\_\_

Did you or your spouse own any foreign financial assets? \_\_\_\_\_

## Questions (Page 5 of 5)

### Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

\_\_\_\_\_

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

\_\_\_\_\_

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?

\_\_\_\_\_

Did you or your spouse engage in any bartering transactions?

\_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

\_\_\_\_\_

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

\_\_\_\_\_

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





# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License     State-Issued ID     No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License     State-Issued ID     No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

### Personal Identification Numbers:

Code - 1 - Issued by IRS    2 - Issued by State or City

TS	State	City	Code	PIN

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



2016

# Dependents and Wages

3A

## Dependent Information:

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

Did dependent have income over \$4,050?



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

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

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

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

## Wages and Salaries: Include all copies of your current year Forms W-2

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

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2016

# Dependents

3A

## Dependent Information:

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

Did dependent have income over \$4,050?



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

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

---

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

---

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

---



2016

# Electronic Filing

## Electronic Filing:

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

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

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

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

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

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

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

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

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



**Electronic Filing:**

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

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

If you qualify for electronic filing, would you like to file the return electronically with the IRS?  Yes  No

If you qualify, would you like to file your state returns electronically?

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

Would you like to use a randomly generated PIN?  Yes  No

Taxpayer

Spouse

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

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

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



2016

# Electronic Filing

## Electronic Filing:

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

## Opt-Out Statement:

\_\_\_\_\_ has informed me (us) that my (our) 2016 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

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

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

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

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

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

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

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



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

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

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
--	---

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
--	---

Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>
---	---

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings	<input type="checkbox"/> myRA
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings	

Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------	------------------------------	-----------------------------

Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
---------------	-----------------------------------	---------------------------------	--------------------------------

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
--	---

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
--	---

Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>
---	---

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings	<input type="checkbox"/> myRA
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings	

Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------	------------------------------	-----------------------------

Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
---------------	-----------------------------------	---------------------------------	--------------------------------

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2016

# U.S. Series I Savings Bonds Purchase

4B

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

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

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

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

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

Joint:

Co-owner name .....

Beneficiary name .....

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

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

Taxpayer:

Co-owner name .....

Beneficiary name .....

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

Spouse:

Co-owner name .....

Beneficiary name .....

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

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....







2016

# Dividend Income

5B

## Dividend Information:

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

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

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

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

## Enter Any Additional Information:


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



2016

# Interest Income and Foreign Information

5A

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

**Interest Income:**

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

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

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

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

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

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

**Foreign Taxes Paid or Accrued:**

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

**Additional State Information:**

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

**Foreign Bank Accounts and Trusts:**

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

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

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



2016

# Dividend Income and Foreign Information

5B

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

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

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

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

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

### Foreign Taxes Paid or Accrued:

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

### Additional State Information:

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

### Foreign Bank Accounts and Trusts:

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

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

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



2016

# Foreign Assets

5C

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

## General Information:

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

## Foreign Identification:

Yes	No

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

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

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

Street Address	City
A	
B	

State	ZIP/Postal Code	Country
A		
B		

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

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

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

# of Joint Owners	Street Address	City
A		
B		

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

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

1 - Deposit    2 - Custodial

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



2016

# Foreign Assets

5D

### Asset Information:

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

  

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

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

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

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

  

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

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

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

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

Mailing Address of Issuer	City or Town of Issuer

  

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

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

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

### Foreign Bank Accounts and Trusts:

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

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

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



2016

# Brokerage Statement Details

5EA

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

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
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M								
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▲

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

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



2016

# Consolidated Brokerage Statement

5E

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

<b>Brokerage Address</b>

## Interest Income and Foreign Information

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

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

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

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

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

### Foreign Taxes Paid or Accrued:

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

### Additional State Information:

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





# Consolidated Brokerage Statement Dividend Income and Foreign Information

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

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

**Dividend Income:**



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

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

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

**Foreign Taxes Paid or Accrued:**

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

**Additional State Information:**

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



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

5G

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

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

Did you have any of the following during the year?

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

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

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

## Other Income:

Nature and Source	2016 Amount	2015 Amount

## Other Adjustments to Income:

Nature and Source	2016 Amount	2015 Amount

## Investment Interest Expense:

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

Paid To	2016 Amount	2015 Amount

## Foreign Bank Accounts and Trusts:

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

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

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



2016

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

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

### Business Questions for 2016:

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

2016 Amount	2015 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2016 Amount	2015 Amount

Miscellaneous income:  Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

2016 Amount	2015 Amount

Beginning inventory \_\_\_\_\_  
 Purchases less cost of items withdrawn for personal use \_\_\_\_\_  
 Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_  
 Materials and supplies \_\_\_\_\_  
 Other costs of goods sold: \_\_\_\_\_

Description	2016 Amount	2015 Amount

Ending inventory \_\_\_\_\_









# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

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

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

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

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

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

### Expenses: Enter all expenses at 100 percent

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

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

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

### Other Expenses:

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

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

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

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

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

**Installment Sales:** Do not include interest received in principal amount

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





**Sale or Exchange of Your Home:**

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

**Former Home Information:**

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

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

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

Selling price .....

**Original Cost and Cost of Improvements:**

Description	Amount

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

Description	Amount

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

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

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

**Moving Expenses:**

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

Were the moving expenses reimbursed by your employer?  Yes  No

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

**Mileage:**

Number of miles from old home to new workplace .....

Number of miles from old home to old workplace .....

Number of automobile miles in move .....

**Transportation Expenses:**

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....



Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS .....

IRA Questions for 2016:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you use any IRA as security for a loan this year?
Did you have any transactions with any IRA during the year?
If Yes, explain.

Table with 2 columns: Yes, No

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2016
Note: This information or Form 5498 is required if you received a distribution during the year.
Outstanding rollovers on December 31, 2016
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions:

IRA:
Contributions in 2016 for the 2016 tax return
Contributions in 2017 for the 2016 tax return
Amount for 2016 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2016 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

Table with 7 columns: Name of Payer, 2016 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, 2015 Gross Distributions



2016

# Pension, Annuity and Retirement Plan Information

9A

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

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

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

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

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

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

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2016 Amount	2016 Amount



# Rental and Royalty Income

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

TSJ .....

Type of property .....

Have you prepared or will you prepare all required Forms 1099?  Yes  No

Ownership percentage if not 100% .....

How many days was this property rented at fair market value? .....

How many days was this property used personally (including use by family members)? .....

2016	2015

**Income:**

Rents received .....

Royalties received .....

2016 Amount	2015 Amount

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

Description	2016 Amount	2015 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2016 Amount	2015 Amount

Other income:

Description	2016 Amount	2015 Amount





# Rental and Royalty Property and Equipment & Depletion

10B

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

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

**Acquisitions:**

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

**Dispositions:**

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

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2016 Amount	2015 Amount



# Rental and Royalty Vehicle and Other Listed Property

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

**Listed Property Questions for 2016:**

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicle:**

Description of vehicle .....

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

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2016

# Rental and Royalty Business Expenses

10D

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

Business Expenses: Enter all expenses at 100 percent

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

	2016 Amount	2015 Amount
Parking fees and tolls . . . . .		
Local transportation . . . . .		
Travel expenses . . . . .		
Meals and entertainment . . . . .		
Other Business Expenses:		

Description	2016 Amount	2015 Amount

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

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

2016 Amount	2015 Amount

**Vehicle:**

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

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

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

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

Description	2016 Amount	2015 Amount





# Rental - Business Use of Home

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

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

2016

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

Total square footage of home .....

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

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

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

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

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

**Other Expenses:**

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

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





2016

# Partnership and S Corporation Business Expenses

11A

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

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

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

	2016 Amount	2015 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2016 Amount	2015 Amount

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

Amount received for other expenses .....

Amount received for meals and entertainment .....

2016 Amount	2015 Amount

**Vehicle:**

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

Description of vehicle .....

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

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

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

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

Description	2016 Amount	2015 Amount



# Passthrough Business Use of Home

**11B**

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

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

<b>2016</b>

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

Total square footage of home .....

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

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

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

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

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

**Other Expenses:**

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

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2016

# Farm Income (Page 1 of 2)

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

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

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Farm Questions for 2016:

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

2016 Amount	2015 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

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

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

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

### Income:

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



# Farm Income (Page 2 of 2)

12A

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

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

**Income:**

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

Description	2016 Amount	2015 Amount

Government payments:  Include all Forms 1099-G

Description	2016 Amount	2015 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2016 Amount	2015 Amount

Other income:

Description	2016 Amount	2015 Amount





2016

# Farm Vehicle and Other Listed Property

12C

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

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

### Listed Property Questions for 2016:

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

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

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

### Vehicle:

Description of vehicle .....

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

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1													
Description of vehicle .....													
Date placed in service . . . (Mo/Da/Yr) _____													
Do you (or your spouse) have another vehicle available for your personal use? .....													
Was your vehicle available for use during off-duty hours? .....													
<table border="1"> <thead> <tr> <th>2016 Miles</th> <th>2015 Miles</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		2016 Miles	2015 Miles										
2016 Miles	2015 Miles												
<table border="1"> <thead> <tr> <th>2016 Amount</th> <th>2015 Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		2016 Amount	2015 Amount										
2016 Amount	2015 Amount												

Vehicle 2													
Description of vehicle .....													
Date placed in service . . . (Mo/Da/Yr) _____													
Do you (or your spouse) have another vehicle available for your personal use? .....													
Was your vehicle available for use during off-duty hours? .....													
<table border="1"> <thead> <tr> <th>2016 Miles</th> <th>2015 Miles</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		2016 Miles	2015 Miles										
2016 Miles	2015 Miles												
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2016 Amount	2015 Amount												





# Farm Business Expenses

12D

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

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

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

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

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

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

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

### Vehicle:

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

Description of vehicle .....

Date vehicle was placed in service .....

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

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

<b>Description</b>	<b>2016 Amount</b>	<b>2015 Amount</b>



# Farm Business Use of Home

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

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

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

2016

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

Total square footage of home .....

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

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

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

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

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

**Other Expenses:**

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

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



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

Miscellaneous Income and Adjustments:

Table with columns for TSJ (2016 Amount, 2015 Amount) and rows for Unemployment compensation, Social security benefits, Medicare premiums, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2016 Amount, and 2015 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2016 Amount, and 2015 Amount.



# Miscellaneous Adjustments

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

TS	2016 Amount	2015 Amount

**Health Savings Accounts (HSAs)**

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

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

Were any HSA contributions listed above also shown on your Form W-2? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

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

Yes	No

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

TSJ	Nature and Source	2016 Amount	2015 Amount



2016

# Ministerial Income

13B

TS .....

Do you have any expenses associated with a business as a minister?  Yes  No

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

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

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

### Parsonage:

Fair rental value of parsonage provided by church .....  
Utility allowance of parsonage .....  
Actual expenses for utilities of parsonage .....

2016 Amount	2015 Amount

### Rental or Parsonage Allowance:

Parsonage or rental allowance .....  
Utility allowance .....  
Actual expenses for parsonage .....  
Actual expenses for utilities .....  
Fair rental value of home, plus the cost of utilities .....

2016 Amount	2015 Amount



Medical and Dental Expenses:

Prescription medicines and drugs .....

Total medical insurance premiums paid \* .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

TSJ	2016 Amount	2015 Amount

2016 Amount	2015 Amount

Taxpayer long-term care insurance premiums paid .....

Spouse long-term care insurance premiums paid .....

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

Other Medical Expenses:

TSJ	Description	2016 Amount	2015 Amount

Taxes Paid:  Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

TSJ	2016 Amount	2015 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2016 Amount	2015 Amount

Other Taxes Paid:

TSJ	Description	2016 Amount	2015 Amount

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



Mortgage Questions for 2016:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2016 Amount	2015 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount	2015 Amount

Investment Interest Expense:

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

TSJ	Paid To	2016 Amount	2015 Amount



# Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2016 Amount	2015 Amount

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

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

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

TSJ	Description of Donated Property	2016 Amount	2015 Amount

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

TSJ ..... \_\_\_\_\_  
Description of the donated property ..... \_\_\_\_\_

Donee organization name ..... \_\_\_\_\_

Donee organization address ..... \_\_\_\_\_

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

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

Cost or basis of the donated property .....   
Fair market value of the donated property .....

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

- Appraisal       Thrift shop value       Catalog       Comparable sale

Other - please explain ..... \_\_\_\_\_

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

- Purchase       Gift       Inheritance       Exchange





**Miscellaneous Itemized Deductions:**

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

TSJ	2016 Amount	2015 Amount

**Other Itemized Deductions:**

**Examples:**

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

TSJ	Description	2016 Amount	2015 Amount

**Casualty or Theft Loss:**

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

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

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

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

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

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



Partial Use of Your Home for Business:

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

Table with 2 columns: 2016, 2015

Was your home used for day care purposes for the entire year?
Were improvements made to the home and/or home office since the time you began using the home for business?

Yes/No checkboxes

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.
Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

Table with 4 columns: Direct Expenses (2016 Amount, 2015 Amount), Indirect Expenses (2016 Amount, 2015 Amount). Rows include Casualty losses, Deductible mortgage interest paid to: Financial institutions, Individuals, Real estate taxes, Insurance, Qualified mortgage insurance premiums, Repairs and maintenance, Utilities, Rent.

Other Expenses:

Table with 4 columns: Description, Direct Expenses (2016 Amount, 2015 Amount), Indirect Expenses (2016 Amount, 2015 Amount)

Seller-Financed Mortgage Interest Information:

Table with 3 columns: Name of Individual to Whom Mortgage Interest Was Paid, Identification Number of Individual, Address of Individual to Whom Mortgage Interest Was Paid



# Employee Business Expenses

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

Business Expenses:  Enter all expenses at 100 percent  Include all documentation

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

	2016 Amount	2015 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2016 Amount	2015 Amount

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

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

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

Vehicle:  Include all documentation

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

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

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

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

Description	2016 Amount	2015 Amount



# Employee Business Expenses- Business Use of Home

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

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

Total square footage of home .....

Total hours home was used for day care during the year .....

2016	2015

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

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

Yes	No

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

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

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

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

**Other Expenses:**

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

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

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

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

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

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

2015 carryover used in grace period .....

### Child/Dependent Care Providers:

#### Provider 1:

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

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

#### Provider 2:

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

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

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

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

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

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

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

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



# Household Employment Taxes

**General Information:**

TSJ .....

Employer identification number .....

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

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016?  Yes  No

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

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

	2016 Amount	2015 Amount

**Federal Unemployment (FUTA) Tax:**

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

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

State	Total Cash Wages Subject to FUTA	2015 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2017

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



# Federal Tax Payments

## Refund Application:

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

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

## Federal Estimated Tax Payments:

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

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

2015 overpayment applied to 2016 estimate .....

## Tax Planning Information for Tax Year 2017:

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

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

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




2016

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....

2016 2nd Quarter Estimate .....

2016 3rd Quarter Estimate .....

2016 4th Quarter Estimate .....

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

2015 overpayment applied to 2016 estimate .....

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

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

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....

2016 2nd Quarter Estimate .....

2016 3rd Quarter Estimate .....

2016 4th Quarter Estimate .....

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

2015 overpayment applied to 2016 estimate .....

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

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

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....

2016 2nd Quarter Estimate .....

2016 3rd Quarter Estimate .....

2016 4th Quarter Estimate .....

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

2015 overpayment applied to 2016 estimate .....

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

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







# Foreign Employment Information (Page 1 of 3)

### General Information:

TS ..... \_\_\_\_\_

Foreign address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of employer ..... \_\_\_\_\_

Employer's U.S. address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer's foreign address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

Year exclusion revoked ..... \_\_\_\_\_

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

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

Country of citizenry or nationality ..... \_\_\_\_\_

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

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

### Tax Home History:

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



# Foreign Employment Information (Page 2 of 3)

### Bona Fide Residence Test Information:

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

Kind of foreign living quarters:  
 Purchased house, Rented house or apartment, Rented room,  
 Quarters furnished by employer .....

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

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

Was a statement made to foreign country authorities declaring you were not a resident of their country? .....	Yes	No
Were you required to pay income tax in that country? .....		
Does the foreign country have an income tax? .....		

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

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

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

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

Address

Street address .....

City .....

State .....

ZIP Code .....

X if rented .....

Occupants			
First Name	MI	Last Name	Relationship





# Foreign Housing Expenses Worksheet

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

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

Other Expenses:

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

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

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

To you . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
To your family members . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



2016

# Foreign Travel and Workdays Information Worksheet

30D

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

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

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

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

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

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

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

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



2016

# Foreign Wages and Other Income

(Page 1 of 2)

### Foreign Questions for 2016:

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

Yes	No

### Foreign Source Wages and Salaries:

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

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

Employer address .....

Employer city .....

Employer state .....

Employer ZIP .....

Employer foreign country .....

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

### Allowances and Reimbursements:

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











2015

JANUARY							FEBRUARY							MARCH							APRIL								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4		
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11		
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18		
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25		
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30				
MAY							JUNE							JULY							AUGUST								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
					1	2		1	2	3	4	5	6				1	2	3	4							1		
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8		
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15		
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22		
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	23	24	25	26	27	28	29			
31														30	31					30	31								
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4	5					1	2	3	1	2	3	4	5	6	7				1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12		
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19		
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26		
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31				

2016

JANUARY							FEBRUARY							MARCH							APRIL									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
					1	2		1	2	3	4	5	6				1	2	3	4	5							1	2	
3	4	5	6	7	8	9	7	8	9	10	11	12	13	6	7	8	9	10	11	12	3	4	5	6	7	8	9			
10	11	12	13	14	15	16	14	15	16	17	18	19	20	13	14	15	16	17	18	19	10	11	12	13	14	15	16			
17	18	19	20	21	22	23	21	22	23	24	25	26	27	20	21	22	23	24	25	26	17	18	19	20	21	22	23			
24	25	26	27	28	29	30	28	29						27	28	29	30	31	24	25	26	27	28	29	30					
31														31																
MAY							JUNE							JULY							AUGUST									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
					1	2					1	2	3	4							1	2							1	2
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13			
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20			
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27			
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31						
31														31																
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
					1	2	3							1	1	2	3	4	5	6	7							1	2	3
4	5	6	7	8	9	10	4	5	6	7	8	9	10	6	7	8	9	10	11	12	4	5	6	7	8	9	10			
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17			
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24			
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31			
							30	31																						

2017

JANUARY							FEBRUARY							MARCH							APRIL										
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S				
1	2	3	4	5	6	7					1	2	3	4					1	2	3	4								1	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8				
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15				
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22				
29	30	31					26	27	28					26	27	28	29	30	31	23	24	25	26	27	28	29					
																					30										
MAY							JUNE							JULY							AUGUST										
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S				
					1	2					1	2	3							1							1	2			
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12				
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19				
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26				
28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30	31						
														30	31																
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER										
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S				
					1	2					1	2	3	4						1	2	3	4							1	2
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9				
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16				
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23				
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30				
																				31											



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

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

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

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

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

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

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

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

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width:100%;" type="text"/>		



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

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

Name of trust receiving the gift . . . . . \_\_\_\_\_

Name of the trustee . . . . . \_\_\_\_\_

Address of the trustee . . . . . \_\_\_\_\_

Trust identification number . . . . . \_\_\_\_\_

Name of the beneficiary of the trust . . . . . \_\_\_\_\_

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

Age of the beneficiary . . . . . \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

**Include a copy of the following:**

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

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







2016

# 2016 Tax Return Checklist

Client Name: .....

	Prior Year	Current Year
<b>Income:</b>		
Wages (IRS W-2) .....	_____	_____
Interest Income (IRS 1099-INT) .....	_____	_____
Dividend Income (IRS 1099-DIV) .....	_____	_____
Brokerage Statements (Form 1099-A,B,S) .....	_____	_____
IRA/Pension/Annuity Income (IRS 1099R) .....	_____	_____
Schedule K-1s (IRS K-1) .....	_____	_____
Miscellaneous Income and Adjustments (IRS-1099-MISC, G) .....	_____	_____
Rent and Royalty Income .....	_____	_____
<b>Itemized Deductions:</b>		
Medical/Dental Expenses .....	_____	_____
Real Estate Taxes .....	_____	_____
Property Taxes .....	_____	_____
Mortgage Interest (Form 1098) .....	_____	_____
Charitable Contributions .....	_____	_____
<b>Other:</b>		
Estimated Tax Payments .....	_____	_____

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























2016

# Itemized Deductions

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

## Medical/Dental Expenses:


## Real Estate Taxes:


## Property Taxes:


## Mortgage Interest:


## Charitable Contributions:




2016

# Federal, State, and City Tax Payments

## Refund Application:

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

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

## Federal Estimated Tax Payments:

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

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

## State and City Estimated Tax Payments:

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

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

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

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

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

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

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

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

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

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

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

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



2016

Residency Information:

From (Mo/Da/Yr)

To (Mo/Da/Yr)

If you did not live in the District of Columbia for all of 2016, enter the dates you did live in the District of Columbia

Enter the state names other than the District of Columbia where you had income

Education Savings:

Yes

No

Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Property Tax Credit Information:

TS

What type of property is the property tax credit for? Private home Apartment Rooming house

Were you physically or mentally impaired on January 1, 2016? Yes No

Is your disability expected to last 12 months or more? Yes No

Did you file a physician's certification in prior years? Yes No

Physician's name

Physician's address

Physician's apartment number

Physician's city, state and ZIP code

Physician's telephone number

Landlord's name

Landlord's address

Landlord's apartment number

Landlord's city, state and ZIP code

Landlord's telephone number

Business Credits

Organ and Bone Marrow Donor Credit

Job Growth Incentive Act Credit







2016

Unincorporated Business Franchise Tax Information:

General Information:

TSJ \_\_\_\_\_

Number of business locations: \_\_\_\_\_

    Within DC \_\_\_\_\_

    Outside DC \_\_\_\_\_

DC business tax number \_\_\_\_\_

Federal employer I.D. number \_\_\_\_\_

Fiscal year begin date \_\_\_\_\_

Fiscal year end date \_\_\_\_\_

Business name \_\_\_\_\_

Business street address \_\_\_\_\_

Business city, state, and ZIP code \_\_\_\_\_

Supplemental Information:

Principal business activity \_\_\_\_\_

Type of ownership \_\_\_\_\_

Date business began (Mo/Da/Yr) \_\_\_\_\_

Was the business terminated during 2016?  Yes  No

    If Yes, enter the termination date and reason below.

    Termination date (Mo/Da/Yr) \_\_\_\_\_

    Termination reason \_\_\_\_\_

IRS Service Center where the 2016 federal income tax return was filed \_\_\_\_\_

Taxpayer name shown on the 2016 federal income tax return filed \_\_\_\_\_

Have you filed annual Federal Information Return Forms 1096 and 1099?  Yes  No

    If No, enter the reason for not filing Forms 1096 and 1099 \_\_\_\_\_

Which method is used on the federal income tax return? Accrual  Cash  Other (specify) \_\_\_\_\_

Did you withhold DC income tax from your employees' wages during 2016?  Yes  No

    If No, enter the reason for not withholding DC income tax \_\_\_\_\_

Did you file a DC franchise tax return for the business for 2015?  Yes  No

    If No, enter the reason for not filing a DC franchise tax return \_\_\_\_\_

Did you file an annual ballpark fee return?  Yes  No

Has the IRS made or proposed any adjustments to your 2016 income tax return, or did you file any amended federal income tax returns?  Yes  No

Enter Any Additional District of Columbia UBT Information:




2016

General Information:

County of residence on December 31, 2016
Incorporated city, town or taxing area on December 31, 2016

Do you qualify as totally disabled?
Are you or your spouse a member of the military?
Taxpayer/Spouse Yes/No buttons

Residency Information:

If you did not live in Maryland for all of 2016:
Enter the dates you did live in Maryland
Enter the other state of residence
Enter the state names other than Maryland where you had income
Pennsylvania residents:
What is the name of your township?
What is the name of your county?
If you are a nonresident of Maryland, did you reside the full year in your state of legal residency?

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account?
If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:
Chesapeake Bay and Endangered Species Fund
Maryland Cancer Fund
Developmental Disabilities Services and Support Fund
Fair Campaign Financing Fund

Long-Term Care Insurance Information:

Table with 5 columns: Name of Insured, Age, Social Security Number, Relationship to Taxpayer, Amount of Premium Paid

Quality Teacher Incentive Credit:

If you are a Maryland teacher and qualify for this credit:
Enter the amount of tuition paid
Enter the amount of tuition reimbursement
Taxpayer/Spouse buttons







2016

General Information:

City or county of residence on January 1, 2017:

Taxpayer
Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Table with 2 columns: Taxpayer, Spouse

Residency Information:

Table with 4 columns: Taxpayer (From, To), Spouse (From, To)

If you did not live in Virginia for all of 2016, enter the dates you did live in Virginia

Enter the state names other than Virginia where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Virginia College Savings Plan account?

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

- Virginia Nongame Wildlife Program
Virginia Democratic Party political contribution
Virginia Republican Party political contribution
Medicare Part D Counseling Fund
Virginia Housing Program
Elderly and Disabled Transportation Fund
Community Foundations
Virginia Arts Foundation
Open Space Recreation and Conservation Fund
Chesapeake Bay Restoration Fund
Family and Children's Trust Fund (FACT)
Virginia State Forests Fund
Virginia Uninsured Medical Catastrophe Fund
Virginia Foundation for Community College Education
Middle Peninsula Chesapeake Bay Public Access Authority
Home Energy Assistance Fund
Breast and Cervical Prevention and Treatment Fund
Virginia Federation of Humane Societies
Virginia Aquarium and Marine Science Center
Spay and Neuter Fund
Cancer Centers of Virginia
Virginia Capitol Preservation Foundation

Table with 2 columns: Taxpayer, Spouse

