

# 2016 TAX ORGANIZER

Taxpayer Information				Spouse Information			
Last name .....				Last name.....			
First name .....				First name .....			
Middle Initial.....		Suffix.....		Middle Initial.....		Suffix.....	
Social security number.....				Social security number .....			
Occupation .....				Occupation.....			
Work phone .....		Ext ...		Work phone.....		Ext ...	
Cell phone.....				Cell phone .....			
E-mail address.....				E-mail address.....			
Date of birth.....				Date of birth .....			
Address .....				Apartment number.....			
City .....		State.....		ZIP Code.....			
Home phone.....		Fax number .....					

Dependent Information						
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense	
Last name	Suffix	Relationship				

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

**Education Tuition and Fees**  
 Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2016 qualified student loan interest.....

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	2015 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income**

1099-MISC Payer Name
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
<b>Retirement Plan Contributions</b>		
Traditional IRA contributions made for 2016 .....	_____	_____
Roth IRA contributions made for 2016 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

Medical and Dental Expenses	2016 Amount	2015 Amount
Prescription medications.....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc.....	_____	_____
Hospitals, clinics, etc.....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
<b>Taxes</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098.		
<b>Lender's Name</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
_____	_____	_____
Points paid on loan to buy, build or improve main home		
<b>Lender's Name</b>	<b>2016 Amount</b>	
_____	_____	
<b>Cash/Check/Credit Contributions</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Union and professional dues.....	_____	_____
Professional subscriptions, books, supplies.....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list): _____	_____	_____

	Yes	No
1 Did a lender cancel any of your debt in 2016? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? If <b>yes</b> , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
4 Did you purchase a hybrid or electric vehicle in 2016? If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2016? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2016 ? ..... % State ID .....		
7 Did your marital status change during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain: _____		
8 Were you or your spouse permanently and totally disabled in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2016? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?..	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
24 Do you expect your income and deductions in 2017 to be the same as 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
25a Did you and your dependents have health insurance coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence..... Taxpayer _____ Spouse _____		

**Electronic Filing and Direct Deposit of Refund**

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?.....	<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.		
If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please provide a voided check (not a deposit slip) if your bank account information has changed.		
What type of account is this?.....	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

**Estimated Tax Paid**

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

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General Questions

ORG3

**PERSONAL INFORMATION**

	Yes	No
1 Did your marital status change during 2016? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy. Designee's Name ..... ▶ _____ Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) ..... ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you or your spouse plan to retire in 2017? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2016 or 2017 ): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>

**DEPENDENT INFORMATION**

	Yes	No
7 a Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>

**IRA, PENSION AND EDUCATION SAVINGS PLANS**

	Yes	No
12 Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>

**ITEMS RELATED TO INCOME/LOSSES**

	Yes	No
16 Did you receive any disability payments in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2016? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR YEAR TAX RETURNS**

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2016 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 a At any time during 2016, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2016? Report all interest income on Org 11 .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2016, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 27 a Did you and your dependents have health care coverage for the full year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 a Did you or your spouse have self-employed health insurance? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? If <b>yes</b> , please attach details ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2016? If <b>yes</b> , please attach details .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2016? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , attach documentation showing sales tax paid.   |                          |                          |
| 34 Did you purchase an energy efficient vehicle in 2016? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter year, make, model, and date purchased: _____   |                          |                          |
| 35 Did you donate a vehicle in 2016? If yes, attach Form 1098C .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2016? _____ % State ID .....  |                          |                          |
| 37 Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach details.   |                          |                          |
| 40 Did you or your spouse participate in a medical savings account in 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)   |                          |                          |
| 41 Did you make a loan at an interest rate below market rate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2016? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2016? (Attach any Forms 1099-A or 1099-C) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach information.   |                          |                          |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

- 49 If **yes**, please provide the following information:
- a Name of your financial institution .....
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....
- c Account number .....
- d What type of account is this? .....Checking  Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Health Insurance Coverage

ORG3A

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (\*MEC),** or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment.**

**Minimum Essential Coverage** includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

**Exemptions** may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at [www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions](http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions) or [www.healthcare.gov/exemptions](http://www.healthcare.gov/exemptions). Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2016 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2016 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2016. The national average bronze plan amount is \$225 per month and limited to \$1,115 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

## Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2016? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2015 federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>



## Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2016	2015
1 Prescription medications.....		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums .....		
b Spouse's gross long-term care premiums .....		
c Dependent's gross long-term care premiums .....		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc .....		
7 Hospitals, clinics, etc .....		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses .....		
11 Medical equipment and supplies .....		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs .....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2016	2015
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
16 Real estate taxes paid on principal residence .....		
17 Real estate taxes paid on additional homes or land .....		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes .....		
20 Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2016	2015
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME			
Lender's Name	Check if NOT on Form 1098	2016	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2015 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....	2016	2015

**Interest Paid and Cash Contributions (continued)**

ORG14

**LIMITED HOME MORTGAGE DEDUCTION**

If your mortgage balance exceeded \$1 million (\$500,000 for married filing separately) or your home equity debt exceeded \$100,000 (\$50,000 for married filing separately) during 2015 complete the following:

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1 Interest paid in 2016 .....					
Points paid in 2016.....					
Months loan outstanding ....					
Principal pd on loan in 2016..					
2 Home acquisition debt:					
Beginning of year balance ..					
Additional borrowed in 2016 ..					
3 Home equity debt:					
Beginning of year balance ..					
Additional borrowed in 2016..					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Additional borrowed in 2016..					
5 Fair market value of homes on date debt was last secured by home .....					
6 Home acquisition and grandfathered debt on date last secured by home .....					

**CASH CONTRIBUTIONS**

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2016	2015
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation.....			

# Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\*Methods of determining FMV:**

- |               |                          |                   |             |
|---------------|--------------------------|-------------------|-------------|
| Appraisal     | Capitalization of income | Present value     | Thrift shop |
| Average share | Comparative sales        | Replacement cost  |             |
| Catalog       | Consignment shop         | Reproduction cost |             |

**\*\*Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2016	2015
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete <b>ORG17</b> for all your employee expenses.		
1 Union and professional dues .....		
2 Professional subscriptions .....		
3 Uniforms and protective clothing .....		
4 Job search costs .....		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense ..... <input type="checkbox"/>		
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
6 Tax return preparation fees .....		
7 Investment counsel and advisory fees.....		
8 Certain attorney and accounting fees.....		
9 Safe deposit box rental .....		
10 IRA custodial fees.....		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>	<b>2016</b>	<b>2015</b>
12 Federal estate tax paid on income in respect of a decedent .....		
13 Amortizable bond premiums (acquired before 10/23/86).....		
14 Gambling losses (to the extent of gambling income) .....		
15 Claim repayments.....		
16 Unrecovered investment in annuity .....		
17 Unrecovered investment in annuity .....		

# Moving Expenses

ORG16

If you sold your principal residence during 2016, also complete Sale of Your Home (ORG22).

## FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... \_\_\_\_\_

Number of miles from your old home to old workplace..... \_\_\_\_\_

Are you a member of the armed forces? ..... Yes  No

If **Yes**, did you move due to a permanent change of station? ..... Yes  No

If **Yes**, enter the allowances or reimbursements received from the government..... \_\_\_\_\_

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12..... \_\_\_\_\_

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses .....	
Storage expenses .....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals.....	
Lodging <b>not</b> including meals.....	

## SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... \_\_\_\_\_

Number of miles from your old home to old workplace..... \_\_\_\_\_

Are you a member of the armed forces? ..... Yes  No

If **Yes**, did you move due to a permanent change of station? ..... Yes  No

If **Yes**, enter the allowances or reimbursements received from the government..... \_\_\_\_\_

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12..... \_\_\_\_\_

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses .....	
Storage expenses .....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals.....	
Lodging <b>not</b> including meals.....	

# Employee Business Expenses

ORG17

Occupation in which expenses were incurred .....

Check box if spouse's employee expenses. If blank, taxpayer assumed .....

Check box if a fee-basis state or local government official .....

Check box if subject to Department of Transportation (DOT) hours of service limits .....

Treat all MACRS assets for activity as qualified Indian reservation property? .....  Yes  No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  Regular  Extension  No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

Was this activity located in a Qualified Disaster Area.....  Yes  No

EXPENSES	2016	2015
1 Parking fees, tolls, and local transportation .....		
2 Travel expenses while away from home (excluding meals/entertainment expenses) .....		
3 Meals and entertainment expenses .....		
4 Business gifts .....		
5 Education .....		
6 Home office expenses ( <b>Preparer Use Only</b> – complete ORG17A) .....		
7 Trade publications.....		
8 Depreciation expense other than vehicle ( <b>Preparer Use Only</b> ).....		
9 Carryover of Section 179 expense from prior year .....		
10 Other:		
_____		
_____		
_____		

EMPLOYER REIMBURSEMENTS	2016	2015
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment .....		
12 Reimbursements for meals and entertainment .....		

QUALIFIED PERFORMING ARTIST	2016	2015
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2016	2015
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle.....		
16 Date placed in service.....		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading.....		
b Beginning mileage reading.....		
c Total miles for the year (line 17a less line 17b).....		
18 Business miles.....		
19 Total commuting miles.....		
20 Average daily commuting miles.....		

STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? (Preparer Use Only).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc.....		
24 Vehicle registration fee (excluding property tax).....		
25 Vehicle lease or rental fee.....		
26 Inclusion amount (Preparer Use Only).....		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28 Depreciation (Preparer Use Only).....		

VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis.....		
30 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle (Preparer Use Only).....		
33 Section 179 expense (Preparer Use Only).....		
34 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? (Preparer Use Only).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38 Percentage for Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39 Elect OUT of Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Date sold.....		
42 Date acquired, if different from line 16.....		
43 Sales price.....		
44 Expense of sale.....		
45 Gain/loss basis, if different (Preparer Use Only).....		
46 AMT gain/loss basis, if different (Preparer Use Only).....		

VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49 Do you have evidence to support the business use claimed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50 If yes, is the evidence written? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# Employee Home Office Expense

ORG17A

for: \_\_\_\_\_ Elect the simplified method instead of entering actual expenses

copy: \_\_\_\_\_

GENERAL INFORMATION	2016	2015
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc .....		
d Number of hours used for daycare each day .....		
5 Total wages from this business .....		
6 Enter the percent of wages above that are from the business use of this home .....		
7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ...		
8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2016		2015	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) .....				
10 Mortgage interest/points on Form 1098 .....				
11 Interest not on Form 1098 .....				
12 Points not of Form 1098 .....				
13 Real estate taxes .....				
14 Qualified mortgage insurance .....				
15 Other insurance .....				
16 Rent .....				
17 Repairs and maintenance .....				
18 Utilities .....				
19 Other expenses (e.g., rent) .....				
20 Carryover of operating expenses .....				
21 Excess casualty losses (Preparer Use Only) .....				
22 Depreciation of your home (Preparer Use Only) .....				
23 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
25	Enter the land value included in cost for residence .....			

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 Date placed in service.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c <b>Total miles</b> for the year (line 3a less line 3b).....			
4 Business miles.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only).....			
12 Depreciation (Preparer Use Only).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use).....			
20 Section 179 expense (Preparer Use).....			
21 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Date acquired, if different from line 2.....			
30 Sales price.....			
31 Expense of sale.....			
32 Gain/loss basis, if different (Preparer Use).....			
33 AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If <b>yes</b> , is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Income and Expenses

ORG19

## GENERAL INFORMATION

1 Check ownership .....  Taxpayer       Spouse       Joint

2 Business name .....

3 a Business street address.....

b 1 City, State and Zip Code, or .....

2 Foreign country.....

4 Principal business/profession .....

5 Employer ID number.....

6 Business code (Preparer Use Only) .....

7 Was this business fully disposed of in a fully taxable transaction during 2016? ..... Yes  No

8 Accounting method:  
 Cash       Accrual       Other (specify)  .....

9 Method used to value closing inventory:  
 Cost       Lower of cost or market       Other (explain)  .....

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) ..... Yes  No

11 Did you materially participate in the operation of this business during 2016? ..... Yes  No

12 Did you start or acquire this business during 2016? ..... Yes  No

13 a Did you make any payments in 2016 that require you to file Forms 1099? ..... Yes  No

b If yes, did you or will you file all the required Forms 1099? ..... Yes  No

14 At-risk determination:

a Is all of the investment in this activity at risk? ..... Yes  No

b Is some of the investment in this activity not at risk? ..... Yes  No

15 Did you have unallowed passive losses in 2015? ..... Yes  No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? ..... Yes  No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... Regular  Extension  No

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... Yes  No

d Was this business located in a Qualified Disaster Area? ..... Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2016	2015
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2016	2015
20 Inventory at beginning of year .....		
21 Purchases .....		
22 Items withdrawn for personal use .....		
23 Cost of labor (do not include your salary) .....		
24 Materials and supplies .....		
25 Other costs .....		
26 Inventory at end of year.....		

## Business Income and Expenses (continued)

ORG19

EXPENSES	2016	2015
Business name _____		
27 Advertising .....		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees.....		
30 Contract labor .....		
31 Depletion .....		
32 Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
33 Employee benefit programs:		
a Employee health insurance premiums .....		
b Other employee benefit programs .....		
34 Insurance (other than health).....		
35 Self-employed health insurance attributable to this business.....		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other .....		
37 Legal and professional services .....		
38 Office expenses .....		
39 Pension and profit-sharing plans .....		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18) .....		
b Other business property.....		
41 Repairs and maintenance .....		
42 Supplies (not included in cost of goods sold) .....		
43 Taxes and licenses not reported to you on Form 1098.....		
44 Travel, meals, and entertainment:		
a Travel.....		
b Meals and entertainment subject to 50% limit .....		
c Meals subject to 80% limit.....		
d Meals and entertainment not subject to limit.....		
45 Utilities .....		
46 Gross wages .....		
47 Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
48 Expenses for business use of your home <b>(Preparer Use Only)</b> ..... Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs.....		

# Business Use of Home

ORG20

for: \_\_\_\_\_  
 copy: \_\_\_\_\_

Elect the simplified method instead of entering actual expenses .....

GENERAL INFORMATION	2016	2015
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for day care, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc .....		
d Number of hours used for day care each day .....		
5 Enter the date you began using this home office for this business .....		
6 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
7 Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) .....		
8 Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2016		2015	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) .....				
10 Total mortgage interest/points .....				
11 Mortgage interest/points on Form 1098 .....				
12 Interest <b>not</b> on Form 1098 .....				
13 Points <b>not</b> of Form 1098 .....				
14 Real estate taxes .....				
15 Excess mortgage interest (Preparer Use) .....				
16 Qualified mortgage insurance .....				
17 Other insurance .....				
18 Rent .....				
19 Repairs and maintenance .....				
20 Utilities .....				
21 Other expenses (e.g., rent) .....				
22 Carryover of operating expenses .....				
23 Excess casualty losses (Preparer Use Only) .....				
24 Depreciation of your home (Preparer Use Only) .....				
25 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
27	Enter the land value included in cost for residence .....			

## Sales of Stocks and Securities

ORG21

**Attach all copies of Forms 1099-B and/or 1099-S here.**

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1 Did you exchange any securities for other securities or any other property held for investment? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you engage in any transactions involving traded options? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you engage in any transactions involving commodity future contracts and straddle positions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you engage in any transactions involving <i>employee</i> stock options? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Schedule D included in the 2015 Federal income tax return? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead. See notes below for entries to be made on lines 1d, 4a, 4b and 5

### FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number..... \_\_\_\_\_

1a Check if this sale was reported to you on Form 1099-B or substitute statement .....

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c \*.....

2 Description of property .....

3a Date acquired ..... \_\_\_\_\_ b Date sold ..... \_\_\_\_\_

4a Type of transaction \*\*\* ..... \_\_\_\_\_ b Property ownership \*\*..... \_\_\_\_\_

5 Holding period \* .....

6 Sales price .....

7 Cost or other basis.....

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... \_\_\_\_\_ b State identification \_\_\_\_\_ c State tax withheld..... \_\_\_\_\_

Transaction number..... \_\_\_\_\_

1a Check if this sale was reported to you on Form 1099-B or substitute statement .....

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c \*.....

2 Description of property .....

3a Date acquired ..... \_\_\_\_\_ b Date sold ..... \_\_\_\_\_

4a Type of transaction \*\*\* ..... \_\_\_\_\_ b Property ownership \*\*..... \_\_\_\_\_

5 Holding period \* .....

6 Sales price .....

7 Cost or other basis.....

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... \_\_\_\_\_ b State identification \_\_\_\_\_ c State tax withheld..... \_\_\_\_\_

<p><b>* Type of Holding Period</b></p> <p>S = Short-term (one year or less)</p> <p>L = Long-term (more than one year)</p> <p><b>** Type of Ownership</b></p> <p>T = Taxpayer Ownership</p> <p>S = Spouse Ownership</p> <p>J = Joint Ownership</p>	<p><b>*** Type of Transaction</b></p> <p>S = Regular Sale of Stocks, Bonds, etc</p> <p>W = Wash Sale</p> <p>M = Collectible (28% Rate)</p> <p>P = Personal Loss on Noninvestment Property</p> <p>X = Expired (options, etc)</p>	<p>O = Worthless Securities</p> <p>K = Bankrupt</p> <p>N = Nonbusiness Bad Debt</p> <p>E = Stock sales to ESOP's or EWOC's</p>
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GENERAL INFORMATION

Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2016).

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did you use this home partially or completely in a trade or business or hold it for investment <b>AND</b> dispose of it in a like-kind (Section 1031) exchange? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did you claim the First-Time Homebuyer Credit when you purchased this home? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 a Did <b>you</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, did your <b>spouse</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you receive a Form 1099-S? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 a Have <b>you</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.) |                          |                          |
| a <b>You</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Your <b>spouse</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Was the home used as investment or rental property after December 31, 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 a Will you be receiving periodic payments of principal or interest from this sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>Yes</b> , what is the amount of the financial instrument? .....  |                          |                          |

- 8 Address of former home sold .....
- 9 a Date former home was sold .....
- b Date former home was bought .....
- 10 Sales price of the home sold .....

COST BASIS OF HOME SOLD

Description	Amount
<b>Original cost of home sold:</b>	
11 a Purchase price of home sold .....	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought) .....	
<b>Additions and increases to basis:</b>	
12 a Settlement fees or closing costs when home was purchased. <b>Do not</b> include amounts previously deducted as moving expenses .....	
b Cost of capital improvements .....	
c Additions, including costs of materials and labor .....	
d Other additions and increases to basis .....	
<b>Decreases to basis:</b>	
13 a Seller-paid points (for old home bought after 1990) .....	
b Other decreases to basis .....	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a .....	
b .....	
c .....	
d .....	

## Rent and Royalty Income and Expenses

ORG25

### BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

- 1 Check property owner .....  Taxpayer  Spouse  Joint
- |   | Yes                              | No   |
|---|----------------------------------|--|
| 2 a Did you make any payments that would require you to file Form(s) 1099? .....  | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| b If <b>yes</b> , did you or will you file all required Forms(s) 1099? .....  | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 3 a Enter the ownership percentage (if not 100%).....   | _____                            |  |
| b If not 100%, are you reporting 100% of the income and expenses? .....   | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 4 Is this a rental property? (If <b>yes</b> , answer questions 5 through 11; if <b>no</b> , skip to question 12.) ..... | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....      | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 6 For all rental properties, <b>enter the number of days</b> during 2016 that:  |                                  |  |
| a The property was rented at fair rental value .....  | _____                            |  |
| b The property was used personally or rented at less than fair rental value .....                                       | _____                            |  |
| c You owned the property, if not the entire year .....  | _____                            |  |
| 7 a Does this rental have multiple living units and you live in one of the units? .....                                 | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| b If <b>yes</b> , enter percentage of rental use .....  | _____                            |  |
| 8 Did you actively participate in this property's management during 2016 ? .....  | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 9 Did you materially participate in this property's management during 2016 ? .....                                      | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 10 Do you want to treat this property as non-passive?.....  | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 11 Did this property have unallowed passive losses in 2015 ? .....  | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 12 Did you dispose of this property in a fully taxable transaction? .....   | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 13 Check this box if some of this investment was <b>not</b> at-risk.....  | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| 14 a Treat all MACRS assets for this activity as qualified Indian reservation property? .....                           | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?.....                                   | Regular <input type="checkbox"/> | Extension <input type="checkbox"/> No <input type="checkbox"/> |
| c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....                         | <input type="checkbox"/>         | <input type="checkbox"/>                                       |
| d Was this activity located in a Qualified Disaster Area? .....   | <input type="checkbox"/>         | <input type="checkbox"/>                                       |

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

	2016	2015
15 Rents or royalties received .....		

- \* Property Types:**
- |                              |               |
|------------------------------|---------------|
| 1 Single family residence    | 5 Land        |
| 2 Multi-family residence     | 6 Royalties   |
| 3 Vacation/short-term rental | 7 Self-rental |
| 4 Commercial                 | 8 Other       |



**Rent and Royalty Income and Expenses (continued)**

ORG25

EXPENSES	2016	2015
Property location .....		
16 Advertising .....		
17 a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance .....		
19 Commissions.....		
20 a Mortgage insurance premiums – qualified .....		
b Other insurance .....		
21 Legal and professional fees .....		
22 Management fees .....		
23 a Mortgage interest paid to banks – qualified.....		
b Mortgage interest paid to banks – other.....		
24 Other interest .....		
25 Repairs.....		
26 Supplies.....		
27 a Real estate taxes.....		
b Other taxes .....		
28 Utilities .....		
29 Other expenses:		
a .....		
b .....		
c .....		
d .....		
e .....		
30 a Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
b Depletion <b>(Preparer Use Only)</b> .....		

## Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2016 .....		
2 Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute .....		
If you (a) received traditional IRA distributions during 2016 <b>and</b> you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2016, please provide this information:		
6 Enter the value of <b>all</b> of your IRAs on 12/31/2016 .....		
7 Enter the value of <b>all</b> recharacterizations after 12/31/2016 .....		
8 Enter the amount of any outstanding rollovers as of 1/1/2017 .....		
<b>If you received IRA distributions during 2016, please complete ORG7.</b>		

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2016 .....		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute .....		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2016 .....		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2016 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2016 .....		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2016 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2016 .....		
<b>SEP:</b>		
4 a Payments made and/or expected to be made to a SEP for 2016 .....		
b Check this box if you wish to contribute the maximum amount to your SEP for 2016 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2016 .....		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2016 .....		
<b>Individual 401(k):</b>		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2016 .....		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2016 .....		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2016.....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2016 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2016 .....		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2016 .....		

ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
1		
2		

# Child and Dependent Care Expenses

ORG35

## CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1	..... ..... Care at above address?..... <input type="checkbox"/>	..... Tax-Exempt .. ▶ <input type="checkbox"/>	..... Foreign ..... ▶ <input type="checkbox"/>
2	..... ..... Care at above address?..... <input type="checkbox"/>	..... Tax-Exempt .. ▶ <input type="checkbox"/>	..... Foreign ..... ▶ <input type="checkbox"/>
3	..... ..... Care at above address?..... <input type="checkbox"/>	..... Tax-Exempt .. ▶ <input type="checkbox"/>	..... Foreign ..... ▶ <input type="checkbox"/>
4	..... ..... Care at above address?..... <input type="checkbox"/>	..... Tax-Exempt .. ▶ <input type="checkbox"/>	..... Foreign ..... ▶ <input type="checkbox"/>

<b>EXPENSES</b>	<b>2016</b>	<b>2015</b>
1 Total employment taxes paid on wages for child care expenses .....		
2 Total expenses paid in 2016 but not incurred in 2016 .....		
3 Total expenses incurred in 2016 but not paid in 2016 .....		
4 Medical expenses paid for qualifying persons unable to care for themselves .....		

<b>STUDENT/DISABLED PERSON INFORMATION FOR 2016</b>	<b>Taxpayer</b>	<b>Spouse</b>
5 If taxpayer or spouse was a full-time student or disabled in 2016, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled .....		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....		

**Education Information**

ORG36

**EDUCATION TUITION AND FEES**

Attach all Form 1098-Ts and a list of your qualified expenses.

<b>EDUCATOR EXPENSES</b>		<b>2016</b>	<b>2015</b>
<b>1 a</b> Taxpayer educator expenses.....			
<b>b</b> Spouse educator expenses.....			

**STUDENT LOAN INTEREST PAID**

**Student Loan Interest Reported on a 1098-E in 2016**

**2 a** Enter detail below or total interest in Part 2b

<b>Lender's Name</b>	<b>2016</b>	<b>2015</b>
<b>Total Student Loan Interest</b>	<b>2016</b>	<b>2015</b>
<b>2 b</b> Enter the total interest paid on qualified student loans.....		

**FORM 1099-Q**

**3** Enter 1099-Q detail below.

<b>State Code</b>	<b>Name of Payer or Program</b>	<b>Gross Distribution Box 1</b>	<b>Earnings Box 2</b>	<b>* Type Box 5</b>

\* For the Type Code, enter the following:  
 P = Private Qualified Tuition Program  
 S = State Qualified Tuition Program  
 E = Coverdell ESA

## Tax Payments

ORG40

### 2016 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/16.....								
2 Qtr 2 due by 06/15/16.....								
3 Qtr 3 due by 09/17/16.....								
4 Qtr 4 due by 01/17/17.....								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

### OTHER TAX PAYMENTS

	Federal	State	Local
6 2015 overpayment applied to 2016 .....			
7 Balance due paid with 2015 return .....			
8 a 2015 Quarter 4 payments paid in 2016 .....			
b 2015 extension payments paid in 2016 .....			
9 Other taxes paid in 2016 for prior years (include explanation) .....			

### 2017 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2017, please enter the increase or decrease below.

#### Income

10 Wages .....	Taxpayer .....	<u>                    </u>
	Spouse.....	<u>                    </u>
11 Self-Employment Income .....	Taxpayer .....	<u>                    </u>
	Spouse.....	<u>                    </u>
12 Capital Gains (sale of stock, real estate, etc).....		<u>                    </u>
13 Other Income:		
Description .....		<u>                    </u>

#### Deductions

14 Allowable Itemized Deductions .....	<u>                    </u>
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	<u>                    </u>
16 Federal Withholding.....	<u>                    </u>
17 Number of personal exemptions expected for 2017 .....	<u>                    </u>

### ADDITIONAL INFORMATION

18 Check to use your 2016 tax amount for your 2017 estimate.....	<input type="checkbox"/>
19 If you have an overpayment of 2016 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
20 Amount to apply if not entire overpayment.....	<u>                    </u>
21 Number of installments for estimated tax (1 - 4) .....	<u>                    </u>

Foreign Earned Income

ORG52

1 Foreign address (including country) and POD
2 Occupation
3 Employer's name
4a Employer's U.S. Address
b Employer's Foreign Address
5 Employer is (Check any that apply):
a A foreign entity
b A U.S. entity
c Self
d A foreign affiliate of a U.S. company
e Other (specify)
6a Last year 2555 or 2555-EZ filed
b Check if Form 2555 or 2555-EZ not filed after 1981 to claim either of the exclusions
c Either exclusion ever revoked?
d Enter type of exclusion and enter year for which the revocation was effective: Exclusion Year
7 Citizen/national of which country?
8a Maintained a separate foreign residence for family due to adverse conditions?
b If 'Yes,' city and country of the separate foreign residence. Also, enter the number of days during the tax year that a second household maintained at the address.
9 Tax home(s) during tax year and date(s) established.

Taxpayers Qualifying Under Bona Fide Residence Test

10 Date bona fide residence began, and ended
11 Kind of living quarters in foreign country.
a Purchased house
b Rented house or apartment
c Rented room
d Quarters furnished by employer
12a Did any of your family live with you abroad during any part of the tax year?
b If 'Yes,' who and for what period?
13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country?
b Are you required to pay income tax to the country where you claim bona fide residence?
If you answered 'Yes' to 13a and 'No' to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.
14a List any contractual terms or other conditions relating to the length of your employment abroad.
b Enter the type of visa under which you entered the foreign country.
c Did your visa limit the length of your stay or employment in a foreign country?
d Did you maintain a home in the United States while living abroad?
e If 'Yes,' enter address of your home, whether it was rented, and the names of the occupants, and their relationship to you.
15 Qualified housing expenses for the tax year

For use with Form 8801 Information

Prior year Form 2555, line 45 and line 50

16 TP - Foreign Earned Income
TP - Housing
SP - FEI
SP - Housing
a Taxpayer (Form 2555, line 45)
b Taxpayer (Form 2555, line 50)
c Spouse (Form 2555, line 45)
d Spouse (Form 2555, line 50)
16 a
b
c
d

**Federal Carryover Data**

ORG55

**2015 STATE AND LOCAL TAX INFORMATION**

1	State or Local Identification	Paid With Extension	Estimates Paid After 12/31/15	Total Withheld/ Payments	Paid With Return	Total Overpayment	Applied Amount

**OTHER TAX AND INCOME INFORMATION**

2 2015 filing status:

Single
  Married filing jointly
  Married filing separately
  Head of household
  Qualifying widow(er)

3 Number of blind/elderly boxes checked for 2015 (Form 1040, line 39a) .....

4 a Total itemized deductions allowed in 2015 (Schedule A, line 29) .....

b Check this box if you were required to itemize in 2015 .....

5 Adjusted gross income in 2015 (Form 1040, line 37) .....

6 Total tax for Form 2210 or 2210-F in 2015 (Form 2210, line 4 or 2210-F, line 6) .....

7 Alternative minimum tax in 2015 (Form 1040, line 45) .....

8 2015 federal overpayment applied to 2016 (Form 1040, line 75) .....

**IRA INFORMATION**

9 a Basis of taxpayer's IRA(s) as of 12/31/15 (Form 8606, line 14) .....

b Basis of spouse's IRA(s) as of 12/31/15 (Form 8606, line 14) .....

c Taxpayer's excess IRA contributions as of 12/31/15 (Form 5329, line 16) .....

d Spouse's excess IRA contributions as of 12/31/15 (Form 5329, line 16) .....

e Taxpayer's excess Archer MSA contributions as of 12/31/15 (Form 5329, line 40) .....

f Spouse's excess Archer MSA contributions as of 12/31/15 (Form 5329, line 40) .....

g Taxpayer's excess Roth IRA contributions as of 12/31/15 (Form 5329, line 24) .....

h Spouse's excess Roth IRA contributions as of 12/31/15 (Form 5329, line 24) .....

i Taxpayer's excess Coverdell ESA contributions as of 12/31/15 (Form 5329, line 32) .....

j Spouse's excess Coverdell ESA contributions as of 12/31/15 (Form 5329, line 32) .....

k Taxpayer's excess HSA contributions as of 12/31/15 (Form 5329, line 48) .....

l Spouse's excess HSA contributions as of 12/31/15 (Form 5329, line 48) .....

**LOSS AND EXPENSE CARRYOVERS**

10 a Short-term capital loss carryover from 2015 (Schedule D) .....

b Long-term capital loss carryover from 2015 (Schedule D) .....

c AMT Short-term capital loss carryover from 2015 (Schedule D) .....

d AMT Long-term capital loss carryover from 2015 (Schedule D) .....

11 a Net operating loss carryforward to 2016 – regular tax .....

b Net operating loss carryforward to 2016 – AMT .....

12 a Disallowed investment interest expense (Form 4952, line 7) .....

b Disallowed AMT investment interest expense (Form 4952-AMT, line 7) .....

13 a Nonrecaptured net Section 1231 loss from 2015 .....

b Nonrecaptured net Section 1231 loss from 2014 .....

c Nonrecaptured net Section 1231 loss from 2013 .....

d Nonrecaptured net Section 1231 loss from 2012 .....

e Nonrecaptured net Section 1231 loss from 2011 .....

f AMT Nonrecaptured net Section 1231 loss from 2015 .....

g AMT Nonrecaptured net Section 1231 loss from 2014 .....

h AMT Nonrecaptured net Section 1231 loss from 2013 .....

i AMT Nonrecaptured net Section 1231 loss from 2012 .....

j AMT Nonrecaptured net Section 1231 loss from 2011 .....

**Federal Carryover Data (continued)**

ORG55

**CREDIT CARRYOVERS**

14	General business credit .....	
15 a	Qualified adoption expenses carryforward from 2015 .....	
b	Qualified adoption expenses carryforward from 2014 .....	
16 a	Mortgage interest credit from 2015 (Form 8396, line 17) .....	
b	Mortgage interest credit from 2014 (Form 8396, line 14) .....	
c	Mortgage interest credit from 2013 (Form 8396, line 16) .....	
d	Certificate credit rate (Form 8396, line 2).....	%
e	Address of home claiming mortgage interest credit on Form 8396 if different from your personal address:  _____	
17	District of Columbia first-time homebuyer credit from 2015 (Form 8859, line 4) .....	
18	Minimum tax credit carryforward to 2016 (Form 8801, line 26).....	
19	Residential energy efficient property credit from 2015 (Form 5695, line 16).....	

**OTHER CARRYOVERS**

20	Section 179 carryover from 2015 (Form 4562, line 13) .....	
21	Excess 2015 foreign housing deduction carryover:	
a	Amount from Form 2555, Taxpayer's copy — line 46 .....	
b	Amount from Form 2555, Taxpayer's copy — line 48 .....	
c	Amount from Form 2555, Spouse's copy — line 46 .....	
d	Amount from Form 2555, Spouse's copy — line 48 .....	

**CHARITABLE CONTRIBUTION CARRYOVERS**

22	Carryover of charitable contributions from:	Cash and Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015 .....				
b	2014 .....				
c	2013 .....				
d	2012 .....				
e	2011 .....				



# Foreign Tax Credit Carryovers from 2015

ORG56

## FIRST FORM 1116

Passive category income     
  General category income     
  Re-sourced by treaty     
  Lump-sum distributions

Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2006 .....				
2007 .....				
2008 .....				
2009 .....				
2010 .....				
2011 .....				
2012 .....				
2013 .....				
2014 .....				
2015 .....				
Carryover to 2016 .....				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2006 .....				
2007 .....				
2008 .....				
2009 .....				
2010 .....				
2011 .....				
2012 .....				
2013 .....				
2014 .....				
2015 .....				
Carryover to 2016 .....				

## SECOND FORM 1116

Passive category income     
  General category income     
  Re-sourced by treaty     
  Lump-sum distributions

Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2006 .....				
2007 .....				
2008 .....				
2009 .....				
2010 .....				
2011 .....				
2012 .....				
2013 .....				
2014 .....				
2015 .....				
Carryover to 2016 .....				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2006 .....				
2007 .....				
2008 .....				
2009 .....				
2010 .....				
2011 .....				
2012 .....				
2013 .....				
2014 .....				
2015 .....				
Carryover to 2016 .....				

## Tax History

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	2012	2013	2014	2015
Filing status.....				
Total income.....				
Adjustments to income .....				
Adjusted gross income .....				
Tax expense.....				
Interest expense .....				
Contributions .....				
Miscellaneous deductions .....				
Other itemized deductions .....				
Total itemized/standard deduction.....				
Exemption amount .....				
Taxable income .....				
Tax .....				
Alternative minimum tax .....				
Total credits .....				
Other taxes .....				
Payments .....				
Form 2210 penalty .....				
Amount owed.....				
Applied to next year's estimated tax .....				
Refund.....				
Effective tax rate % .....				
Tax bracket %.....				