

2016 Comprehensive Organizer Personal and Dependent Information

Personal Information

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

Marital Status at end of 2016

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

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

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

Dependent Information

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

List dependents required to file a return _____

Estimates

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

Appointment Information & Notes

Your 2016 appointment is scheduled for _____

Notes _____

Miscellaneous Information

Name:

SSN:

Personal Information

Yes No

 Did your marital status change during the year?

If "Yes," explain _____

 Can you or your spouse be claimed as a dependent by someone else? Did your address change during the year?

Dependent Information

 Did you have any changes in dependents during the year?

If "Yes," explain _____

 Can another person qualify to claim the child? Did you have any childcare expenses during the year? Did you have any adoption expenses during the year? Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

 Did any member of your household NOT have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

 Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

 Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? Did you have any income from, or pay taxes to, a foreign country? Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash any U.S. Savings Bonds during the year? Did you receive any other income not provided with this organizer?

If "Yes," explain _____

 Did you start a new business or purchase any rental property during the year? Did you sell an existing business, rental property, or other property during the year? Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

 Did you purchase any gasoline, diesel, or special fuels for non-highway business use? Did you buy or sell any stocks, bonds, or other investments during the year? Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

 Did you foreclose or abandon a principal residence or real property during the year? Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

 Did you receive any principal or interest, during this year, from property sold in prior years? Did you rent out your home or use it for business? Did you sell, exchange, or purchase any real estate during the year? Did you acquire a new or additional interest in a partnership or S corporation? Did you have any debts canceled or forgiven this year? Does anyone owe you money that has become uncollectible? Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

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

Miscellaneous Information

Name:

SSN:

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

Retirement Information

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

Education Information

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

Miscellaneous Information

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

Preparer Notes

Miscellaneous Notes _____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

	2016	2015
Health insurance premiums (paid by you) _____		
Long-term care premiums (you) ... _____		
Long-term care premiums (your spouse) _____		
Long-term care premiums (dependents) _____		
Mileage driven for medical purposes .. _____		
Medical and dental expenses (list) ... _____		

Charitable Contributions

	2016	2015
Donations to charity (cash) _____		
Miles driven for charitable purposes _____		
Donations to charity (noncash) .. _____		
If noncash donations are greater than \$500, list below.		

Taxes Paid

State and local income taxes _____		
Sales tax _____		
Real estate taxes _____		
Personal property taxes _____		
Other taxes (list) _____		

Interest paid

Mortgage interest paid (attach Form 1098) _____		
Mortgage interest paid to an individual _____		
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Qualified mortgage insurance premiums _____		
Investment interest _____		

Job Expenses & Certain Misc. Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)		

Tax preparation fees _____		
Other nonpersonal expenses related to taxable income (list)		

Investment expenses not entered elsewhere _____		

Other Misc. Deductions

Amortizable bond premiums .. _____		
Federal estate tax _____		
Gambling losses _____		
Impairment-related work expenses . _____		
Claim repayments _____		
Unrecovered pension investments . _____		
Schedule K-1 _____		
Ordinary loss debt instrument . _____		

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender Information: Federal ID # _____

Name _____

Address _____

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

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender Information: Federal ID # _____

Name _____

Address _____

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

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender Information: Federal ID # _____

Name _____

Address _____

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

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender Information: Federal ID # _____

Name _____

Address _____

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

Noncash Charitable Contributions

Name: _____

SSN: _____

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

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

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

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

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

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

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

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital Gain property

Date contributed _____

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

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

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

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

TS _____ Payer's name: _____

Payer's Federal ID Number: _____

Address: _____

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

TS _____ Payer's name: _____

Payer's Federal ID Number: _____

Address: _____

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

Social Security Benefit Statement

	2016	2015	TS _____	2016	2015
Net benefits	_____	_____	Net benefits	_____	_____
Medicare premiums.....	_____	_____	Medicare premiums.....	_____	_____
Income tax withheld	_____	_____	Income tax withheld	_____	_____

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

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

Adjustments

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

Wages and Salaries

Name: _____

SSN: _____

Attach all W-2 Form(s)

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

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

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

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

Child and Dependent Care

Name:

SSN:

Child Care Provider's Information

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

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

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

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

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Accounting method, if not cash Accrual Other _____

Inventory method, if not cost Lower of Cost or Market Other

Change of inventory method Yes No

You started or acquired this business during 2016

Some investment is NOT at risk

You disposed of this property during 2016

Did you make any payments in 2016 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Other Information

	2016	2015
Family health coverage	_____	_____

Income

	2016	2015
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

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

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

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
 Multi-family residence Commercial Royalties Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

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

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

Income

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

Expenses

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

Form 1099-MISC

Name:

SSN:

Please attach all Form(s) 1099 MISC

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

Payer's name: _____

Address: _____

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

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

Part I - Employee Business Expense and Reimbursements

	2016	2015
Rural mail carrier	_____	_____
Parking fees, tolls, and local transportation, including train, bus, etc.	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
DOT meals	_____	_____
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee	_____	_____
Portion of total expenses that is for an Armed Forces reservist	_____	_____

Qualifying performing artist Fee-based state or local government official Pastor

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2016	2015	2016	2015
Enter the date vehicle was placed in service	_____	_____	_____	_____
Total miles vehicle was driven during 2016	_____	_____	_____	_____
Business miles	_____	_____	_____	_____
Average daily roundtrip commuting distance	_____	_____	_____	_____
Commuting miles included in total miles above	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)	_____	_____	_____	_____
Enter cost or other basis	_____	_____	_____	_____
Enter section 179 deduction	_____	_____	_____	_____
Enter depreciation method and percentage	_____	_____	_____	_____
If your employer provided a vehicle, was personal use during off duty hours permitted? ..	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Auto Expense Worksheet

Name: _____

SSN: _____

For _____

Business name and Profession/Product _____

Description _____

Date placed in service _____

Do you or your spouse have another vehicle available for personal use? Yes No

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

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:	2016	2015		Prior Year Total
a Business			Business	
b Commuting			Total	
c Other				

Expenses

	2016	2015
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Other expenses (list):	Apply Business %	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Residential Energy Credits

Name:

SSN:

TSJ _____

Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified solar water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

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

Address of main home _____

City, State, ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of property on line 22 _____

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

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

Address of main home _____

City, State, ZIP _____

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

Enter the nonbusiness energy property credit that you took in:

2006 _____ 2009 _____ 2011 _____ 2013 _____ 2015 _____

2007 _____ 2010 _____ 2012 _____ 2014 _____

Qualified energy efficient improvements

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

Exterior doors that meet or exceed Energy Star requirements _____

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

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

Enter the amount of window expense you claimed in:

2006 _____ 2009 _____ 2011 _____ 2013 _____ 2015 _____

2007 _____ 2010 _____ 2012 _____ 2014 _____

Residential energy property costs

Energy efficient building property costs _____

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

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

Education Credits and Deduction

Name:

SSN:

Provide all Form(s) 1098-T

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

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?

Was the student enrolled at least half time for at least one academic period that began in 2016 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?

Did the student complete the first four years of post-secondary education before 2016?

Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

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

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

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

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

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

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

Educational Institution Name: _____

Educational Institution Name: _____

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

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of "four times" in any prior years?

Was the student enrolled at least half time for at least one academic period that began in 2016 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?

Did the student complete the first four years of post-secondary education before 2016?

Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

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

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

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

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

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

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

Educational Institution Name: _____

Educational Institution Name: _____