

2016	1040	US	Tax Organizer
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Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2016 Amount	2015 Amount
Attach Forms W-2	

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	

Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments.....
- Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099	
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- Form 1099-G - State tax refunds.....

Attach Forms 1099	
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Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....
- Form 1099-Q (529 Plan).....
- Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....
- Form 1099-Q (529 Plan).....
- Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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2016 1040 US Tax Organizer

MISCELLANEOUS INCOME

Taxpayer: Alimony received.....		
Spouse: Alimony received		
Other: _____		

RETIREMENT PLAN CONTRIBUTIONS

	2016 Amount	2015 Amount
Taxpayer: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		
Spouse: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		

OTHER GOVERNMENT FORMS - DEDUCTIONS

<input type="checkbox"/> Form 1098-E - Student loan interest	Attach Forms 1098	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

AFFORDABLE CARE ACT

<input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement.....	Attach Forms 1095	
<input type="checkbox"/> Form 1095-B - Health Coverage.....		
<input type="checkbox"/> Form 1095-C - Employer-Provided Health Insurance Offer and Coverage		

ADJUSTMENTS TO INCOME

Taxpayer:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		

Alimony paid - Recipient name & SSN.....		

Spouse:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		

Alimony paid - Recipient name & SSN.....		

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....		
Doctors, dentists and nurses		
Hospitals and nursing homes.....		
Insurance premiums.....		
Long-term care premiums - taxpayer.....		
Long-term care premiums - spouse.....		
Insurance reimbursement.....		
Out-of-pocket lodging and transportation expenses		
Number of medical miles.....		
Other: _____		

TAXES PAID

State income taxes - 1/16 payment on 2015 state estimate.....		
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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2016?
		DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2016?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2016, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?
		HEALTH CARE COVERAGE
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 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"/>	If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.
		INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2016?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
		ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2015 taxes to your 2016 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2017 taxable income and withholdings to be different from 2016?
		MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

- | YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? |

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

INCOME

	2016 Amount	2015 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2016 Amount	2015 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Installment Sales (Form 6252)

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Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2016 Amount	2015 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

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Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2016, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

(* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

2016	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:40px;" type="text"/>	18
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Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2016 Amount	2015 Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx).....		1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business.....	
Percentage of tenant occupancy if not 100% (.xxxx).....		1=rental other than real estate.	
1=spouse, 2=joint.....		1=investment..... 1=single member limited liability company.....	
1=qualified joint venture.....			
1=nonpassive activity, 2=passive royalty.....			
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

INCOME

	2016 Amount	2015 Amount
Rents or royalties received.....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2016 Amount	2015 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

2016	1040	US	Farm Income (Schedule F/Form 4835)	No. <input style="width:40px;" type="text"/>	19
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Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	<input style="width:90%;" type="text"/>
Employer ID number	<input style="width:90%;" type="text"/>

Agricultural activity code	<input style="width:95%;" type="text"/>	
Accounting method: 1=cash, 2=accrual	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint	<input style="width:95%;" type="text"/>	
1=farm rental (Form 4835)	<input style="width:95%;" type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other	<input style="width:95%;" type="text"/>	
1=crop insurance proceeds election	<input style="width:95%;" type="text"/>	
Received applicable subsidy this year: 1=yes, 2=no	<input style="width:95%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	<input style="width:95%;" type="text"/>	
1=did not "materially participate" (Schedule F only)	<input style="width:95%;" type="text"/>	
1=did not actively participate (Farm rental only)	<input style="width:95%;" type="text"/>	
1=real estate professional, activity is trade or business, 2=real estate professional, not trade or business (farm rental only)	<input style="width:95%;" type="text"/>	
1=single member limited liability company	<input style="width:95%;" type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only)	<input style="width:95%;" type="text"/>	

FARM INCOME

	2016 Amount	2015 Amount
Cash method:		
Sales of livestock and other resale items	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost or basis of livestock or other resale items	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Sales of products raised	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrual method:		
Sales of livestock, produce, etc.	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Beginning inventory of livestock, etc.	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of livestock, etc. purchased	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Ending inventory of livestock, etc.	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other farm income:		
Total cooperative distributions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable cooperative distributions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total agricultural program payments (other than CRP)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable agricultural program payments (other than CRP)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total conservation reserve program payments	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable conservation reserve program payments	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Commodity credit loans reported under election	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total commodity credit loans forfeited or repaid	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable commodity credit loans forfeited or repaid	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total crop insurance proceeds received in 2016	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable crop insurance proceeds received in 2016	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable crop insurance proceeds deferred from 2015	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Custom hire (machine work) income not included above	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

2016	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2016 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2016	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2016 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

20.3,20.4

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2016 Amount	2015 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2016 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date				
1=covered by plan, 2=not covered.....				
2016 payments from 1/1/17 to 4/17/17.....				

ROTH IRA CONTRIBUTIONS

	2016 Amount	2015 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2016 Amount	2015 Amount
	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....		
Defined benefit contributions you expect to make.....		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....		
Plan contribution rate if not .25 (.xxxx).....		
Individual 401k: SE elective deferrals (except Roth) (1=max.)...		
Individual 401k: SE designated Roth contributions (1=max.)...		
SIMPLE contributions:		
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....		
Employer matching rate if not .03 (.xxxx).....		
1=nonelective contributions (2%).....		
Contributions made to date		

ADJUSTMENTS TO INCOME

	2016 Amount	2015 Amount
	Taxpayer	Spouse
Self-employed health insurance:		
Total premiums (excluding long-term care)....		
Long-term care premiums.....		
Student loan interest paid (1098-E, box 1).....		
Educator expenses (kindergarten thru grade 12)...		
Jury duty pay given to employer.....		
Expenses from rental of personal property.....		
Other adjustments to income:		

Alimony paid:	Taxpayer	Spouse
Recipient's first name....		
Recipient's last name....		
Recipient's SSN.....		
Amount paid	2015 amt:	2015 amt:

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Itemized Deductions

25

Please enter all pertinent 2016 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2016 Amount	TS	2015 Amount
Prescription medicines and drugs.....			
Doctors, dentists and nurses.....			
Hospitals and nursing homes.....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .			
Long-term care premiums - taxpayer.....			
Long-term care premiums - spouse.....			
Insurance reimbursement (enter as a positive number).....			
Lodging and transportation:			
Out-of-pocket expenses.....			
Medical miles driven.....			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2016 estimates are automatic.)

State income taxes - 1/16 payment on 2015 state estimate.....			
State income taxes - paid with 2015 state return extension.....			
State income taxes - paid with 2015 state return.....			
State income taxes - paid for prior years and/or to other state.....			
City/local income taxes - 1/16 payment on 2015 city/local estimate.....			
City/local income taxes - paid with 2015 city/local extension.....			
City/local income taxes - paid with 2015 city/local return.....			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....			
Use taxes paid on 2016 purchases.....			
Use taxes paid with 2015 state return.....			
Sales tax on autos not included above.....			
Sales tax on boats, aircraft, other special items.....			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment.....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) . .			
Foreign income taxes.....			
Other taxes:			

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2016 Amount

TS

2015 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____
Payee's SSN or FEIN ..	_____
Payee's street address .	_____
Payee's city	_____
Payee's state	_____
Payee's ZIP code	_____
Payee's region	_____
Payee's postal code	_____
Payee's country	_____

Amount paid		
-------------------	--	--

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

--	--	--

Investment interest (interest on margin accounts):

Passive interest

--	--	--

Certain home mortgage interest included above (6251)

--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

--	--	--

Number of charitable miles

--	--	--

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

--	--	--

Number of charitable miles

--	--	--

25 p2

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Itemized Deductions (continued)

25 p3

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Four horizontal lines for entering 2016 amounts.

2016 Amount

TS

2015 Amount

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 2016 amounts.

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 4 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Four horizontal lines for entering 2016 amounts.

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 4 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Four horizontal lines for entering 2016 amounts.

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2016 amounts.

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2016 amounts.

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2016 amounts.

Table with 3 columns: 2016 Amount, TS, 2015 Amount. 5 rows.

25 p3

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Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2016 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2016 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2016 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2016 Amount	TS	2015 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2016			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2016			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2016			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2016			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

25 p5

**Please enter 2016 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2016 Amount	2015 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

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Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input type="text"/>	
1=spouse	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	
1=minister's expenses	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2016 Amount	2015 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

2016

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US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2016 Amount	2015 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

30 p2

2016

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US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2016 information.

GENERAL INFORMATION

1=spouse	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address	<input type="text"/>	
City	<input type="text"/>	
Region	<input type="text"/>	
Postal code	<input type="text"/>	
Country	<input type="text"/>	
Employer:		
Name	<input type="text"/>	
U.S. street address	<input type="text"/>	
U.S. city	<input type="text"/>	
U.S. state	<input type="text"/>	
U.S. ZIP code	<input type="text"/>	
Foreign street address	<input type="text"/>	
Foreign city	<input type="text"/>	
Foreign region	<input type="text"/>	
Foreign postal code	<input type="text"/>	
Foreign country	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	<input type="text"/>	<input type="text"/>
Employer type, if other	<input type="text"/>	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship	<input type="text"/>
------------------------------	----------------------

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1

Please enter all pertinent 2016 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2016 as well as travel for 2017 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y).....	<input style="width:90%;" type="text"/>	
Ending date for bona fide residence (m/d/y).....	<input style="width:90%;" type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	<input style="width:90%;" type="text"/>	

Names of family living abroad with taxpayer (if applicable):	Relationship	Period family lived abroad

1=submitted statement to country of bona fide residence.....	<input style="width:90%;" type="text"/>	
1=required to pay income tax to country of bona fide residence.....	<input style="width:90%;" type="text"/>	
Contractual terms relating to length of employment abroad.....	<input style="width:90%;" type="text"/>	
Type of visa you entered foreign country under.....	<input style="width:90%;" type="text"/>	
Explanation why visa limited stay or employment in country (if applicable).....	<input style="width:90%;" type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	City	State	ZIP Code	1=U.S. home rented (if applicable)

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment.....

FOREIGN HOUSING EXPENSES

	2016 Amount	2015 Amount
Qualified housing expenses.....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	
	<input style="width:90%;" type="text"/>	
	<input style="width:90%;" type="text"/>	
	<input style="width:90%;" type="text"/>	

Travel Type

1 = Travel to U.S. (default)
 2 = Travel to foreign country
 3 = Travel to restricted country

2016	1040	US	Foreign Income Exclusion (Form 2555)	No. <input style="width:40px;" type="text"/>	31.2
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Please enter all pertinent 2016 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2016 Amount	2015 Amount
Name or number		
1=spouse		
1=retirement plan (Box 13)		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		
Other properties or facilities:		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other purposes:		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
---	--	--

Other Foreign Earned Income

<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		

2016 Days Worked Allocation Information

Total number of days worked (if not 240)		
Total days worked before and after foreign assignment		
Foreign days worked before and after foreign assignment		

2016	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2016 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2016, a high deductible health plan is one with an annual deductible that is not less than \$1,300 for self-only coverage or \$2,600 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,650 for self-only coverage or \$12,900 for family coverage.

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ..				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses ...				

	32.1
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2016	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2016 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2016 . . .				
Employer-provided benefits forfeited in 2016				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2016		2015 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2016		2015 amt:
	1=disabled 1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2016		2015 amt:
	1=spouse, 2=joint		

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Education Credits / Tuition Deduction

No.

38

Please complete the information below if you paid qualified education expenses in 2016 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse		
First name		
Last name		
Social security number.....		
Number of years hope credit claimed		
Number of prior years AOC claimed		
1=student was NOT enrolled at least half-time for at least one academic period that began in 2016 (or the first 3 months of 2017 if the qualified expenses were made in 2016) at an eligible institution in a qualified program.		
1=student completed first four years of post-secondary education before 2016.		
1=student was convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance.		

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name		
Street address		
City		
State		
ZIP code		
1=2016 Form 1098-T was NOT received.		
1=2016 Form 1098-T received with Box 2 & 7 completed.....		
1=2015 Form 1098-T received with Box 2 & 7 completed.....		
Federal ID number from Form 1098-T.....		

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name		
Street address		
City		
State		
ZIP code		
1=2016 Form 1098-T was NOT received.		
1=2016 Form 1098-T received with Box 2 & 7 completed.....		
1=2015 Form 1098-T received with Box 2 & 7 completed.....		
Federal ID number from Form 1098-T.....		

QUALIFIED EDUCATION EXPENSES

	2016 Amount	2015 Amount
Qualified tuition & fees paid in 2016 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution.		
Books & supplies not entered above.....		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

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Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

(a) First name
(a) Last name
(b) ID number (SSN or TIN)
(d) 1=covered all 12 months
(e) Months of coverage:
1=November 2015
1=December 2015
1=January
1=February
1=March
1=April
1=May
1=June
1=July
1=August
1=September
1=October
1=November
1=December

COVERED INDIVIDUAL (#2)

(a) First name
(a) Last name
(b) ID number (SSN or TIN)
(d) 1=covered all 12 months
(e) Months of coverage:
1=November 2015
1=December 2015
1=January
1=February
1=March
1=April
1=May
1=June
1=July
1=August
1=September
1=October
1=November
1=December

COVERED INDIVIDUAL (#3)

(a) First name
(a) Last name
(b) ID number (SSN or TIN)
(d) 1=covered all 12 months
(e) Months of coverage:
1=November 2015
1=December 2015
1=January
1=February
1=March
1=April
1=May
1=June
1=July
1=August
1=September
1=October
1=November
1=December

COVERED INDIVIDUAL (#4)

(a) First name
(a) Last name
(b) ID number (SSN or TIN)
(d) 1=covered all 12 months
(e) Months of coverage:
1=November 2015
1=December 2015
1=January
1=February
1=March
1=April
1=May
1=June
1=July
1=August
1=September
1=October
1=November
1=December

39.1

2016

1040

US

Report of Foreign Bank and Financial Accounts

82.1

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2016 Amount	2015 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

82.1

