

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

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

Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

| | -All Year- | January | February | March | April | May | June | July | August | September | October | November | December |
|--|------------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | |
| Employer offered health coverage which was declined | | | | | | | | | | | | | |
| If YES, what would be the cost for SELF coverage? | | | | | | | | | | | | | |
| If YES, what would be the cost for FAMILY coverage? | | | | | | | | | | | | | |
| Would the FAMILY policy have covered the spouse? | | | | | | | | | | | | | |

SPOUSE

| | -All Year- | January | February | March | April | May | June | July | August | September | October | November | December |
|--|------------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | |
| Employer offered health coverage which was declined | | | | | | | | | | | | | |
| If YES, what would be the cost for SELF coverage? | | | | | | | | | | | | | |
| If YES, what would be the cost for FAMILY coverage? | | | | | | | | | | | | | |
| Would the FAMILY policy have covered the spouse? | | | | | | | | | | | | | |

Healthcare Coverage Questionnaire for Dependents (for preparer use)

| | _All Year_ | _January_ | _February_ | _March_ | _April_ | _May_ | _June_ | _July_ | _August_ | _September_ | _October_ | _November_ | _December_ |
|--|--|-----------|------------|---------|---------|-------|--------|--------|----------|-------------|-----------|------------|------------|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return? | | | | | | | | | | | | |

| | _All Year_ | _January_ | _February_ | _March_ | _April_ | _May_ | _June_ | _July_ | _August_ | _September_ | _October_ | _November_ | _December_ |
|--|--|-----------|------------|---------|---------|-------|--------|--------|----------|-------------|-----------|------------|------------|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return? | | | | | | | | | | | | |

| | _All Year_ | _January_ | _February_ | _March_ | _April_ | _May_ | _June_ | _July_ | _August_ | _September_ | _October_ | _November_ | _December_ |
|--|--|-----------|------------|---------|---------|-------|--------|--------|----------|-------------|-----------|------------|------------|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return? | | | | | | | | | | | | |

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 _____ | | |

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? | _____ | _____ | | | |

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 | | |

Casualties and Thefts

Name: _____

SSN: _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

| Date acquired _____ Date sold _____ | 2016 | Prior Years |
|---|-------|-------------|
| Selling price | _____ | _____ |
| Mortgages assumed | _____ | _____ |
| Cost of property sold | _____ | _____ |
| Depreciation allowed | _____ | _____ |
| Commissions and expense of sale | _____ | _____ |
| Gross profit percentage | _____ | _____ |
| Interest received | _____ | _____ |
| Principal payments received | _____ | _____ |

TSJ _____ Description of property: _____

| Date acquired _____ Date sold _____ | 2016 | Prior Years |
|---|-------|-------------|
| Selling price | _____ | _____ |
| Mortgages assumed | _____ | _____ |
| Cost of property sold | _____ | _____ |
| Depreciation allowed | _____ | _____ |
| Commissions and expense of sale | _____ | _____ |
| Gross profit percentage | _____ | _____ |
| Interest received | _____ | _____ |
| Principal payments received | _____ | _____ |

TSJ _____ Description of property: _____

| Date acquired _____ Date sold _____ | 2016 | Prior Years |
|---|-------|-------------|
| Selling price | _____ | _____ |
| Mortgages assumed | _____ | _____ |
| Cost of property sold | _____ | _____ |
| Depreciation allowed | _____ | _____ |
| Commissions and expense of sale | _____ | _____ |
| Gross profit percentage | _____ | _____ |
| Interest received | _____ | _____ |
| Principal payments received | _____ | _____ |

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

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 _____

- | | | |
|---|--|--|
| <input type="checkbox"/> This property is your main home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2016 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s) |
| <input type="checkbox"/> 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. 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. |
| Auto & travel | | | | | |
| Cleaning & maintenance | | | | | |
| Commissions | | | | | |
| Depletion | | | | | |
| Insurance | | | | | |
| Legal & professional fees | | | | | |
| Management fees | | | | | |
| Interest - mortgage | | | | | |
| Interest - other | | | | | |
| Repairs | | | | | |
| Supplies | | | | | |
| Taxes | | | | | |
| Utilities | | | | | |
| Other expenses | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2016

This farm received applicable subsidy during 2016

Income

| | 2016 | 2015 | | 2016 | 2015 |
|--|-------|-------|------------------------|-------|-------|
| Income from production of livestock, grains, and other crops | _____ | _____ | Other income | _____ | _____ |
| Total cooperative distributions | _____ | _____ | | _____ | _____ |
| Total agricultural payments | _____ | _____ | | _____ | _____ |
| Commodity Credit Corporation (CCC) loans: | | | | | |
| CCC loans reported | _____ | _____ | | _____ | _____ |
| CCC loans forfeited | _____ | _____ | | _____ | _____ |
| Crop insurance proceeds: | | | | | |
| Amount received in 2016 | _____ | _____ | | _____ | _____ |
| <input type="checkbox"/> You elect to defer to next year | | | | | |
| Amount deferred from last year | _____ | _____ | | _____ | _____ |

Expenses

| | 2016 | 2015 | | 2016 | 2015 |
|--|-------|-------|--|-------|-------|
| Car & truck expenses | _____ | _____ | Seeds & plants purchased | _____ | _____ |
| Chemicals | _____ | _____ | Storage & warehousing | _____ | _____ |
| Conservation expenses | _____ | _____ | Supplies purchased | _____ | _____ |
| Custom hire (machine work) | _____ | _____ | Taxes | _____ | _____ |
| Employee benefit programs | _____ | _____ | Utilities | _____ | _____ |
| Feed purchased | _____ | _____ | Veterinary, breeding, & medicine | _____ | _____ |
| Fertilizers & lime | _____ | _____ | Other expenses | | |
| Freight & trucking | _____ | _____ | | _____ | _____ |
| Gasoline, fuel, & oil | _____ | _____ | | _____ | _____ |
| Insurance (other than health) | _____ | _____ | | _____ | _____ |
| Interest - mortgage (paid to banks, etc.) | _____ | _____ | | _____ | _____ |
| Interest - other: | _____ | _____ | | _____ | _____ |
| Labor hired (less jobs credit) | _____ | _____ | | _____ | _____ |
| Pension & profit-sharing plans | _____ | _____ | | _____ | _____ |
| Rent - vehicles, machinery & equip | _____ | _____ | | _____ | _____ |
| Rent - other (land, animals, etc.) | _____ | _____ | | _____ | _____ |
| Repairs & maintenance | _____ | _____ | | _____ | _____ |

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID Number _____

- This farm was disposed of during 2016 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
- This farm received government subsidy in 2016 Yes No You filed Form(s) 1099 for the individual(s)

Income

| | 2016 | 2015 | | 2016 | 2015 |
|--|-------|-------|---|-------|-------|
| Sales of livestock / other items | _____ | _____ | Beginning inventory for accrual | _____ | _____ |
| Cost of items bought for resale | _____ | _____ | Ending inventory for accrual | _____ | _____ |
| Sale of products you raised | _____ | _____ | <input type="checkbox"/> You used unit-livestock-price or farm-price inventory method | | |
| Total cooperative distributions | _____ | _____ | Other income | _____ | _____ |
| Total agricultural payments | _____ | _____ | | | |
| Commodity Credit Corporation (CCC) loans: | | | | | |
| CCC loans reported | _____ | _____ | | | |
| CCC loans forfeited | _____ | _____ | | | |
| Crop insurance proceeds: | | | | | |
| Amount received in 2016 | _____ | _____ | | | |
| <input type="checkbox"/> You elect to defer to next year | | | | | |
| Amount deferred from last year | _____ | _____ | | | |
| Custom hire income | _____ | _____ | | | |

Expenses

| | 2016 | 2015 | | 2016 | 2015 |
|---|-------|-------|--|-------|-------|
| Car & truck expenses | _____ | _____ | Seeds & plants purchased | _____ | _____ |
| Chemicals | _____ | _____ | Storage & warehousing | _____ | _____ |
| Conservation expenses | _____ | _____ | Supplies purchased | _____ | _____ |
| Custom hire (machine work) | _____ | _____ | Taxes | _____ | _____ |
| Employee benefit programs | _____ | _____ | Utilities | _____ | _____ |
| Feed purchased | _____ | _____ | Veterinary, breeding, & medicine | _____ | _____ |
| Fertilizers & lime | _____ | _____ | Other expenses | _____ | _____ |
| Freight & trucking | _____ | _____ | | | |
| Gasoline, fuel, & oil | _____ | _____ | | | |
| Insurance (other than health) | _____ | _____ | | | |
| Interest - mortgage (paid to banks, etc.) | _____ | _____ | | | |
| Interest - other | _____ | _____ | | | |
| Labor hired (less jobs credit) | _____ | _____ | | | |
| Pension & profit-sharing plans | _____ | _____ | | | |
| Rent - vehicles, machinery, & equip | _____ | _____ | | | |
| Rent - other (land, animals, etc.) | _____ | _____ | | | |
| Repairs & maintenance | _____ | _____ | | | |

Form 1099-G Unemployment Compensation

Name: _____ SSN: _____

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. Only State, ZIP: _____

Foreign Only Province/State, Country, Postal Code: _____

Payer's phone: _____ Account number: _____

| | 2016 | 2015 | | 2016 | 2015 |
|--|-------|-------|--|-------|-------|
| Unemployment compensation . . . | _____ | _____ | <input type="checkbox"/> Trade/business | _____ | _____ |
| Unemployment compensation repaid in current year | _____ | _____ | Market gain | _____ | _____ |
| State/local tax refunds/credits . . | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Tax year | _____ | _____ | State unemployment | _____ | _____ |
| Federal tax withheld | _____ | _____ | State withholding | _____ | _____ |
| RTAA payments | _____ | _____ | <input type="checkbox"/> Unemployment benefits are from railroad | _____ | _____ |
| Taxable grants | _____ | _____ | | _____ | _____ |
| Agriculture | _____ | _____ | | _____ | _____ |

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. Only State, ZIP: _____

Foreign Only Province/State, Country, Postal Code: _____

Payer's phone: _____ Account number: _____

| | 2016 | 2015 | | 2016 | 2015 |
|--|-------|-------|--|-------|-------|
| Unemployment compensation . . . | _____ | _____ | <input type="checkbox"/> Trade/business | _____ | _____ |
| Unemployment compensation repaid in current year | _____ | _____ | Market gain | _____ | _____ |
| State/local tax refunds/credits . . | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Tax year | _____ | _____ | State unemployment | _____ | _____ |
| Federal tax withheld | _____ | _____ | State withholding | _____ | _____ |
| RTAA payments | _____ | _____ | <input type="checkbox"/> Unemployment benefits are from railroad | _____ | _____ |
| Taxable grants | _____ | _____ | | _____ | _____ |
| Agriculture | _____ | _____ | | _____ | _____ |

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 | _____ | _____ | | | |

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

TS _____

2016

2015

TS _____

2016

2015

| | | | | | |
|-------------------------------|-------|-------|-------------------------------|-------|-------|
| Net benefits | _____ | _____ | Net benefits | _____ | _____ |
| Medicare premiums | _____ | _____ | Medicare premiums | _____ | _____ |
| Income tax withheld | _____ | _____ | Income tax withheld | _____ | _____ |

Adjustments

Name: _____

SSN: _____

Moving Expenses

| | 2016 | 2015 |
|--|-------|-------|
| TSJ _____ | | |
| Enter the number of miles from your OLD home to your NEW workplace | _____ | _____ |
| Enter the number of miles from your OLD home to your OLD workplace | _____ | _____ |
| Enter the amount you paid for transportation and storage of household goods and personal effects | _____ | _____ |
| Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals) | _____ | _____ |
| Enter the amount of moving expenses reimbursed to you by your employer | _____ | _____ |
| Was this a military move? <input type="checkbox"/> Yes | | |

Self-Employed Health Insurance

| | 2016 | 2015 |
|---|-------|-------|
| TSJ _____ | | |
| Enter the qualified long term care amount | _____ | _____ |
| Enter your Medicare wages from an S corporation | _____ | _____ |

Self-Employed Pensions

| | 2016 | 2015 |
|--|-------|-------|
| TSJ _____ | | |
| Enter your plan contribution rate as a decimal | _____ | _____ |
| Enter your allowable elective deferrals made during 2016 | _____ | _____ |
| Enter your catch-up contributions | _____ | _____ |
| Enter the amount of designated ROTH contributions included above | _____ | _____ |

Nondeductible IRAs

| | 2016 | 2015 |
|---|-------|-------|
| TS _____ | | |
| Total traditional IRA contributions made for 2016 | _____ | _____ |
| Total basis in traditional IRAs as of 12/31/2016 | _____ | _____ |
| Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) | _____ | _____ |
| Amount of traditional IRAs converted to ROTH IRAs | _____ | _____ |
| IRA basis before conversion | _____ | _____ |
| Total ROTH IRA contributions made for 2016 | _____ | _____ |

Health Savings Account

| | 2016 | 2015 |
|---|-------|-------|
| TSJ _____ | | |
| HSA contributions made for 2016 | _____ | _____ |
| Total distributions from all HSAs during 2016 | _____ | _____ |
| Distributions included above that were rolled over | _____ | _____ |
| Qualified medical expenses paid using HSA distributions | _____ | _____ |

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 |

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: _____ | _____ | _____ | _____ | _____ |

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 _____ | | |

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? . . . Yes No
 Do you or your spouse have another vehicle available for personal use? Yes No
 Do you have evidence to support your deduction? Yes No
 If "Yes", is the evidence written? Yes 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"/> | _____ | _____ |

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

| | 2016 | 2015 |
|---|------|------|
| Square feet of home used exclusively for business | | |
| Total square feet of home | | |

Use of Home for Daycare

| | 2016 | 2015 |
|--|------|------|
| Area used part time for business | | |
| Total hours used for daycare | | |
| Total hours available | | |

Did you live in the home all year? Yes No

Expenses

| | Office expenses | | Home expenses | | |
|------------------------------------|-----------------|------|---------------|------|---|
| | 2016 | 2015 | 2016 | 2015 | |
| Mortgage interest | | | | | In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling. |
| Real estate taxes | | | | | |
| Excess mortgage interest | | | | | |
| Insurance | | | | | |
| Rent | | | | | |
| Repairs & maintenance | | | | | |
| Utilities | | | | | |
| Other expenses | | | | | |

Cost of Home

| | 2016 | 2015 |
|---|------|------|
| Enter the smaller of your home's adjusted basis or its fair market value | | |
| Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land | | |
| Date placed in service | | |
| Date taken out of service | | |

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: _____

Energy Credits

Name: _____

SSN: _____

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

| TSJ _____ | Vehicle 1 | Vehicle 2 |
|--|-----------|-----------|
| Year of vehicle | _____ | _____ |
| Make of vehicle | _____ | _____ |
| Model of vehicle | _____ | _____ |
| How many wheels does the vehicle have? | _____ | _____ |
| Vehicle Identification Number | _____ | _____ |
| Date vehicle was placed in service | _____ | _____ |
| Tentative credit | _____ | _____ |
| Business/investment use percentage | _____ | _____ |
| Section 179 expense deduction | _____ | _____ |

Form 8910 - Alternative Motor Vehicle Credit

| TSJ _____ | Vehicle 1 | Vehicle 2 |
|--|-----------|-----------|
| Year of vehicle | _____ | _____ |
| Make of vehicle | _____ | _____ |
| Model of vehicle | _____ | _____ |
| Vehicle Identification Number | _____ | _____ |
| Date vehicle was placed in service | _____ | _____ |
| Maximum credit allowable | _____ | _____ |
| Business/investment use percentage | _____ | _____ |

