2016	1040	US	Client Information	1

Wertz & Company LLP
5450 Trabuco Road
Irvine, CA 92620
Telephone number: (949) 756-5000
Fax number: (949) 756-1618
E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2014 or 2015)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

2016	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2016.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone	
	Work phone	
	Work extension	
	Daytime phone (table)	
	Mobile phone	
	Fax number	
	E-mail address	
Spouse Contact Information	Home phone	
	Work phone	
	Work extension	
	Daytime phone (table)	
	Mobile phone	
	Fax number	
	E-mail address	
Taxpayer Authentication	Driver's license no.	
	Driver's license state	
	Expiration date (m/d/y)	
	Issue date (m/d/y)	
	Theft protection PIN	
Spouse Authentication	Driver's license no.	
	Driver's license state	
	Expiration date (m/d/y)	
	Issue date (m/d/y)	
	Theft protection PIN	

Daytime Phone

1 = Work
2 = Home
3 = Mobile

ORGANIZER

2016	1040	US	Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and if "YES" provide additional information where necessary. (For Example: Escrow statements for purchase or refinancing, foreign account statements, new dependents, social security number, 1099's, k-1's)

PERSONAL INFORMATION

Yes	No	
☐	☐	Did your marital status change during the year? If so, please provide details of this change plus the last 3 years of Tax Returns for the new spouse, where appropriate.
☐	☐	Did your address change during the year? If so, please provide details of this change.
☐	☐	Could you be claimed as a dependent on another person's tax return for 2016? If yes, please explain.

DEPENDENTS

Yes	No	
☐	☐	Were there any changes in dependents? If so, please provide details of this change (First and Last Name, SSN, Birthdate, Relationship).
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2016?
☐	☐	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? If so, please consult with us prior to those returns being prepared so that we may make sure that the appropriate tax rate is applied to your child's income tax return.

INCOME

Yes	No	
☐	☐	Did you receive any disability income? If yes, please provide information on source, amount, etc.
☐	☐	Did you have any foreign income or pay any foreign taxes? If yes, please describe.
☐	☐	Did you have gross gambling income? If yes, please provide all the tax forms received, as well as a summary of your overall gains/losses.

PURCHASES, SALES AND DEBT

Yes	No	
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, REMIC or LLC? If yes, please provide details, or a K-1 statement.
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If yes, please identify.
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2016? If yes, please provide information regarding these transactions.

ORGANIZER

2016	1040	US	Miscellaneous Questions

☐ ☐ Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2017? If yes, wash sale rules might apply. Please provide details regarding these transactions.

☐ ☐ Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, please provide final (closing) escrow statement (HUD-1).

☐ ☐ Did you make any residential energy-efficient improvements or purchases involving any solar energy, wind energy, geothermal, or fuel cell resources? If so, please provide purchase details.

☐ ☐ Did you purchase a new motor vehicle in 2016? If yes, please provide a copy of the purchase statement.

☐ ☐ Did you purchase a new plug in electric drive motor vehicle in 2016? If yes, please provide a copy of the purchase statement.

☐ ☐ Did you have any debts cancelled or forgiven? If yes, please provide a copy of form 1099-C and/or details of debt cancelled or forgiven.

☐ ☐ Did anyone owe you money which has become uncollectible? If yes, please let us know details such as name of person, amount uncollectible and any other details.

☐ ☐ Did you purchase any tangible, personal property online or from an out of state vendor where you did not pay the use tax directly to the state of California? If so, what is the amount of the purchase?

RETIREMENT PLANS

Yes No

☐ ☐ Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please provide a copy of Form 1099-R

☐ ☐ Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please specify to what plan, the amount and date of contribution.

☐ ☐ Did you convert part or all of your traditional IRA, SEP, or SIMPLE IRA to a Roth IRA? If yes, please provide a copy of form 1099-R.

☐ ☐ Did you receive a distribution from a retirement plan that was rolled over into another retirement account within 60 days? If yes, please provide a copy of form 1099-R.

EDUCATION

Yes No

☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If yes, please provide a copy of form 1098-Q.

☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses to attend a college, university, or vocational school? If yes, please provide a copy of form 1098-T along with a detailed listing of books and supplies.

Miscellaneous Questions (Continued)

2016 | 1040 | US | Miscellaneous Questions

HEALTH CARE COVERAGE

Yes	No	
☐	☐	Did you and your dependents have healthcare coverage for the full year?
☐	☐	If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? Please provide additional details regarding the exempt status. If you received an exemption certificate, please provide a copy of all such documents.
☐	☐	Were either you or your spouse covered under or eligible to participate in an employer's health insurance plan?
☐	☐	If not covered under an employer, were you covered under some other health insurance plan (e.g. individual policy, health insurance exchange plan, etc)?
☐	☐	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 provide a copy of all such documents.
☐	☐	For 2016 and / or 2017, if you applied for and will be getting health insurance via the health insurance marketplace (i.e. healthcare.gov or coveredca.com), did you apply for a premium assistance tax credit? If so, please provide information about the credit you will be receiving.
☐	☐	If self-employed, provide amount of premiums paid for health, dental, vision and for long term care insurance.

ITEMIZED DEDUCTIONS

Yes	No	
☐	☐	Did you make charitable contributions by check, credit cards or cash? If so, be aware that tougher documentation standards for all donations now require a cancelled check, charge receipt or acknowledgement from the charitable organization. An acknowledgement from the charity must be available for any donation of $250 or more. If yes, please provide a listing of charitable donations and amounts.
☐	☐	Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued between $250 and $5,000? If yes, please provide a description of the donated property and a receipt from the charity.
☐	☐	Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued over $5,000? If so, a qualified appraisal of the property must also be obtained which includes information about the property and the appraisal.
☐	☐	Did you incur a loss because of damaged or stolen property? If yes, please provide details about your loss including a description of the property, your original basis, how the loss came about (i.e. fire, theft, flood, etc), and any insurance reimbursements.
☐	☐	Did you work out of town for part of the year? If yes, please provide the dates you worked out of town and the reason for working out of town.

2016 | 1040 | US | Miscellaneous Questions

☐ ☐ Did you use your car on the job (other than to and from work)? If yes, please provide the total miles driven for the year, and the total miles you drove for business and for which you were not reimbursed. Also provide the year, make and model of your car.

ESTIMATED TAXES

Yes	No	
☐	☐	Did you apply an overpayment of 2015 taxes to your 2016 estimated tax (instead of being refunded)?
☐	☐	If you paid any 2016 estimated taxes, please provide date, amount, and to whom paid they were paid.
☐	☐	If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax (instead of being refunded)?
☐	☐	Do you expect your 2017 taxable income and withholdings to be generally the same as 2016? If No, what do you expect to significantly change?

MISCELLANEOUS

Yes	No	
☐	☐	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? If yes, please provide details about all such accounts including bank name and account number, highest balance in the account during the year, and your interest in the account (i.e. acount owner, trustee, signature authority, etc).
☐	☐	Do you own any part of a foreign company? If yes, please provide details.
☐	☐	Did you receive over $100,000 during 2016 from foreign sources (for example: gift, or inheritance, or sale of property or investment)? If yes, please provide all details.
☐	☐	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If yes, please provide details including amounts and dates of distributions and where distributions were received from.
☐	☐	Was your home rented out or used for business? If yes, please provide details about how your home was either rented or used for business, dates and income/expense amounts.
☐	☐	Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? If yes, please provide details including forms 1099-SA and 5498-SA.
☐	☐	Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice 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? If yes, please provide details including forms 1099-SA and 5498-SA.

Miscellaneous Questions (Continued)

2016 | 1040 | US | Miscellaneous Questions

☐ ☐ Did you incur moving expenses due to a change of employment? If yes, please advise how many miles you moved and provide a summary of unreimbursed moving expenses you incurred.

☐ ☐ Did you engage the services of any household employees and paid wages of $1,900.00 or more in 2016? If yes, please provide details about how much was paid to each employee.

☐ ☐ Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If yes, please provide a copy of the notice(s) for our review.

☐ ☐ Did you or your spouse make any gifts to an individual that total more than $14,000, or any gifts to a trust? If yes, please provide details about the gifts including dates and amounts of gifts (by individual or trust).

☐ ☐ Were you or was any of your property located in a federally declared disaster area?

☐ ☐ Did you or your spouse receive a pension or annuity in 2016 for services performed as an employee of the U.S., state or local government from work not covered by social security? If yes, please provide details about such income.

☐ ☐ Did you or your spouse elect to receive COBRA continuation health coverage? If yes, please provide the amounts you paid for such coverage during the year.

PLEASE IDENTIFY WHICH OF THE FOLLOWING SERVICES MIGHT BE OF VALUE TO YOU. IF ANY OF THESE APPLY, PLEASE CONTACT US TO DISCUSS.

Yes No

☐ ☐ Tax planning for the year 2017 (proactive planning to uncover and identify tax strategies to help you reduce tax liability / increase tax refund)

☐ ☐ Preparation of a personal financial statement (useful for estate and financial planning, retirement planning, for borrowing purposes, etc.)

☐ ☐ Financial planning (planning, identifying and implementing wealth building strategies)

☐ ☐ Retirement planning (near retirement and post retirement assessment and funding strategies)

☐ ☐ IRA or Social Security Planning. Will you be collecting benefits soon? Will you be 70 soon? Are you trying to decide about collecting early?

☐ ☐ Estate, legacy planning and update (preserving, directing and transferring wealth)

☐ ☐ College education funding (funding, investment and distribution strategies)

☐ ☐ Investment strategy (review of existing programs, development of investment policy and/or investment management)

☐ ☐ Insurance (identifying and managing risk to preserve capital)

☐ ☐ Banking (analyzing and solving personal banking issues)

☐ ☐ Lending (analyzing capital needs and directing the right financing source i.e. personal, home, business loans and lines of credit)

2016 | 1040 | US | Miscellaneous Questions

PLEASE SUBMIT THE FOLLOWING FORMS WITH THIS TAX ORGANIZER

Form W-2
Form 1099
Form 1098
Form 1098-T
Form K-1
Form 1095-A
Form 1095-B
Form 1095-C
All notices and correspondence from IRS, Franchise Tax Board or other State Tax Agencies.
Escrow statements for any real estate purchase, sale, or refinance.
Any other pertinent tax documentation that will assist us in preparing your return.

Thank You

Please add, change or delete information for 2016.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household only, not a dependent
5 = Earned income credit only, not a dependent

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

1. School records or statement
2. Landlord or property management statement
3. Health care provider statement
4. Medical records
5. Child care provider records
6. Placement agency statement
7. Social service records or statement
8. Place of worship statement
9. Indian tribe office statement
10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

2016	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2016 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	
1=electronic payment of balance due	
1=electronic payment of estimated tax	

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2016 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

2016	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2016 information.

APPLICATION OF 2016 OVERPAYMENT (7.1)

If you have an overpayment of 2016 taxes, do you want the excess refunded? . . ☐ or applied to 2017 estimate? . . . . ☐
Other (please explain): ____________________

2017 ESTIMATED TAX INFORMATION

Do you expect your 2017 taxable income to be different from 2016? . . . . Yes ☐ No ☐
If "yes" explain any differences in income, deductions, dependents, etc.: ____________________

Do you expect your 2017 withholding to be different from 2016? . . . . Yes ☐ No ☐
If "yes" explain any differences: ____________________

2016	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent 2016 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)	1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld Federal (Box 2)	Tax Withheld Social Security (Box 4)	Tax Withheld Medicare (Box 6)	Tax Withheld State (Box 17)	Tax Withheld Local (Box 19)	2015 Wages

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	1=spouse	1=IRA/SEP/SIMPLE	Distribution code #1	Distribution code #2	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld Federal (Box 4)	Tax Withheld State (Box 12)	Value of all IRAs at 12/31/16	2015 Distribution

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld Federal (Box 4)	Tax Withheld State (Box 15)	Tax Withheld Local (Box 17)	2015 Winnings

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2016 Amount	TS	2015 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

2016	1040	US	Interest & Dividend Income	11, 12

**Please enter all pertinent 2016 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.**

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income: Banks, S&Ls, C/Us, etc. (Box 1)	Interest Income: Seller-Financed Mtg. (Box 1)	Interest Income: U.S. Bonds, T-Bills (Box 3)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2015 Interest

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income: Total Ordinary Dividends (Box 1a)	Dividend Income: Qualified Dividends (Box 1b)	Dividend Income: Total Capital Gain Distrib. (Box 2a)	Dividend Income: U.S. Bonds (% or amt.)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2015 Dividends

2016	1040	US	Miscellaneous Income	14.1

Please enter all pertinent 2016 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				
Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

Please add, change or delete 2016 information as appropriate.
Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

No.		2016 1099-G Amount
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2016 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2015 (Box 3)	
	Federal income tax withheld (Box 4)	
	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

No.		
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2016 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2015 (Box 3)	
	Federal income tax withheld (Box 4)	
	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

2016	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2016, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

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

PRIOR YEAR INSTALLMENT SALE

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

2016	1040	US	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)

2016	1040	US	Adjustments to Income	24

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

TRADITIONAL IRA CONTRIBUTIONS

	2016 Amount Taxpayer	2016 Amount Spouse	2015 Amount Taxpayer	2015 Amount 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 Taxpayer	2016 Spouse	2015 Taxpayer	2015 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 Taxpayer	2016 Spouse	2015 Taxpayer	2015 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 Taxpayer	2016 Spouse	2015 Taxpayer	2015 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:

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.)

	2016 Amount	TS	2015 Amount
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

	2016 Amount	TS	2015 Amount
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

	2016 Amount	TS	2015 Amount
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:			

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:	2016 Amount	TS	2015 Amount
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:	2016 Amount	TS	2015 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

2016	1040	US	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.

	2016 Amount	TS	2015 Amount
50% limitation (see above):			
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

	2016 Amount	TS	2015 Amount
Union and professional dues			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee			
Safe deposit box rental			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			

2016	1040	US	Noncash Contributions (Form 8283)	26

If your total noncash contributions are in excess of $500 in 2016, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than $500, attach Form 1098-C or other written acknowledgement received from the donee organization.
* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than $500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No.		Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Identification number (VIN)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y)	
		Date acquired by donor (m/y)	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	

No.		Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Identification number (VIN)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y)	
		Date acquired by donor (m/y)	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	

1 How Property was Acquired	2 Method Used to Determine FMV
1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange	1 = Appraisal 2 = Thrift shop value 3 = Catalog 4 = Comparable sales For other methods, see IRS Pub. 561.

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

	2016 Taxpayer	2016 Spouse	2015 Taxpayer	2015 Spouse
Total HSA distribution received (1099-SA, box 1) . . .				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses.				

2016	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

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.	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.	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.	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		

2016	1040	US	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.

2016	1040	US	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	

2016	1040	US	Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.