

1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone	Mobile Phone		

2. FILING STATUS

Single Check if parent (or someone else) can claim you as a dependent on their return.
 Married Filing Joint
 Married Filing Separate Check if you lived apart from your spouse for all of CY.
 Head of Household
 Qualifying Widow(er) Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION NEED PICTURE OF VOIDED CHECK

1. Would you like to have any refunds directly deposited into your bank account? Yes No

<p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>	<p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>
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5. IDENTIFICATION INFORMATION NEED PICTURE OF DRIVER'S LICENSE

<p>Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p>	<p>Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p>
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NEED PICTURES OF VOIDED CHECK FOR DIRECT DEPOSIT AND DRIVER'S LICENSES.

6. HEALTH CARE INFORMATION

1. Does everyone in your tax household have qualified health insurance for all 12 months of CY? Yes No
Tax household - Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent on your return. It also generally includes each individual you can, but do not claim as a dependent on your return.

1a. If No above, please check which months your tax household had qualified health insurance in CY.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate where you received your health insurance from for all members of your tax household.
 Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company)

3. Do you qualify for any exemptions from the individual shared responsibility payment (penalty)? Yes No

3a. If Yes above, have you filed for any exemptions through the government-sponsored marketplace? Yes No

3b. Indicate below who qualifies for an exemption from the health care mandate and for which months.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

- 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. Taxpayer Spouse
- 2. Were you a victim of identity theft and have you been contacted by the IRS? Yes No
 If Yes, please furnish the 6-digit PIN issued to you by the IRS _____
- 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of CY? Yes No
- 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? Yes No
- 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,100? Yes No
- 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? Yes No
- 7. Did you give a gift of more than \$14,000 to one or more people? Yes No

8. COMMENTS

Please complete this Organizer before your appointment.
 Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Unreported tip income received: _____

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth IRA	Other IRA	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>

6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. MISCELLANEOUS INCOME QUESTIONS

- Did you sell your home? Yes No
- Did you earn any foreign income or pay any foreign taxes? Yes No
- Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? Yes No
- Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? Yes No
 If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during CY? Yes No
- Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? Yes No



BUSINESS INCOME AND EXPENSES (Schedule C)

Indicate the owner of this business: Taxpayer Spouse Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business this year? Yes No

Accounting Method: Cash Accrual Other (describe) _____

Method used to value inventory: Cost Lower of cost or market Other (describe) _____

Income and Cost of Goods Sold	CY Amount	LY Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	CY Amount	LY Amount		CY Amount	LY Amount
Advertising			Wages		
Commissions and fees			Other: _____		
Contract labor			_____		
Depletion			_____		
Employee benefits			_____		
Insurance (other than health)			_____		
Mortgage interest			_____		
Other interest			_____		
Legal and professional fees			_____		
Office expenses			_____		
Pension and profit sharing			_____		
Rent - Vehicle, machinery			_____		
Rent - Other			_____		
Repairs and maintenance			_____		
Supplies			_____		
Taxes and licenses			_____		
Travel			_____		
Meals and entertainment			_____		
Utilities			_____		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in CY (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business _____ Total area of home _____

Was the home used as a day care facility? Yes No Date home placed in service _____

Casualty losses _____ Insurance _____ Rent _____

Mortgage interest _____ Repairs and maintenance _____ FMV of home _____

Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____

Carryover of unallowed expenses to CY Yes No (if yes, enter amount) _____

PROFIT OR LOSS FROM FARMING (Schedule F)

Indicate the owner of this farm: Taxpayer Spouse Joint
 Principal product _____
 Accounting Method: Cash Accrual
 Did you materially participate in the operation of this farm during CY? Yes No

Income	CY Amount	LY Amount
Sales of livestock and other items bought for resale		
Cost of livestock and other items bought for resale		
Sales of livestock, produce, grains, and other products you raised		
Cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation (CCC) loans reported under election		
Commodity Credit Corporation (CCC) loans forfeited		
Crop insurance proceeds and disaster payments received in CY		
Custom hire		
Other income		
Inventory of livestock, produce, etc. at beginning of year (accrual method only)		
Cost of livestock, produce, etc. purchased during year (accrual method only)		
Inventory of livestock, produce, etc. at end of year (accrual method only)		

Expenses	CY Amount	LY Amount		CY Amount	LY Amount
Chemicals			Seeds and plants purchased		
Conservation			Storage and warehousing		
Custom hire			Supplies purchased		
Employee benefits			Taxes		
Feed purchased			Utilities		
Fertilizers and lime			Veterinary and breeding		
Freight and trucking			Other _____		
Gasoline, fuel, and oil			_____		
Insurance			_____		
Mortgage interest			_____		
Other interest			_____		
Labor hired			_____		
Pension and profit-sharing			_____		
Vehicles and machinery rent			_____		
Other rentals			_____		
Repairs and maintenance			_____		

Vehicle Information
 Vehicle description _____ Date placed in service _____ Cost or basis _____
 Business miles _____ Commuting miles _____ Other miles _____
 Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in CY
 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

RENTAL AND ROYALTY INCOME AND EXPENSES (Schedule E, pg 1)

Indicate the owner of this property: Taxpayer Spouse Joint

Description of property _____
 Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? Yes No

Did you meet the Active Participation requirements for this property? Yes No
(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during CY? Yes No

Income	CY Amount	LY Amount
Rents received		
Royalties received		

Expenses	CY Amount	LY Amount
Advertising		
Cleaning and maintenance.		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks.		
Other interest.		
Repairs		
Supplies		
Taxes		
Utilities		
Other _____		

Amortization		
Section 481(a) adjustment		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Travel expenses _____

Sales, Purchases, and Disposition of Assets in CY
(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

FARM RENTAL INCOME AND EXPENSES (Form 4835)

Indicate the owner of this farm rental: Taxpayer Spouse Joint

Property description: _____

Did you actively participate in the operation of this farm rental during 0Y? Yes No

Income	7 M Amount	@ M Amount
Income from the production of livestock, produce, grains, and other crops		
Total cooperative distributions		
Agricultural program payments		
Commodity Credit Corporation (CCC) loans reported under election		
Commodity Credit Corporation (CCC) loans forfeited		
Crop insurance proceeds and federal crop disaster payments received in 0Y		
Other income		

Expenses	7 M Amount	7 M Amount		7 M Amount	2016 Amount
Chemicals			Seeds and plants purchased		
Conservation			Storage and warehousing		
Custom hire			Supplies purchased		
Employee benefits			Taxes		
Feed purchased			Utilities		
Fertilizers and lime			Veterinary and breeding		
Freight and trucking			Other _____		
Gasoline, fuel, and oil			_____		
Insurance			_____		
Mortgage interest			_____		
Other interest			_____		
Labor hired			_____		
Pension and profit-sharing			_____		
Vehicles and machinery rent			Amortization		
Other rentals			263A Preproductive exp.		
Repairs and maintenance			Sec. 481(a) exp.		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in CY
(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
 Itemized Deduction Organizers are on separate pages.



1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	_____
Gas and Oil	_____
Mileage	_____
Other	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace	_____

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses	_____
Alimony paid Rec. SSN: _____	_____
Health Savings Account contributions	_____
Archer Medical Savings Account contributions	_____
Jury duty repayment to employer	_____
Foreign qualified housing expenses	_____
Contributions to College 529 Savings Plan	_____
Other	_____
Other	_____
Other	_____
Other	_____
Other	_____
Other	_____

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA	_____
Contributions to a ROTH IRA	_____

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during CY for which you paid a large amount of sales tax? Yes No
2. Did you refinance a mortgage during CY? Yes No

ITEMIZED DEDUCTIONS

Medical and Dental Expenses <i>(not including reimbursements)</i>	CY Amount	LY Amount
Medical/dental care insurance premiums (other than self-employed)		
Medicare B and D premiums from SSA-1099 and RRB-1099-R		
Qualified long-term care premiums		
Doctor, dentist, and hospital fees		
Prescription medicines and drugs		
Medical aids such as eyeglasses, contact lenses, and hearing aids		
Total transportation expenses		
Other medical and dental expenses		

Taxes Paid	CY Amount	LY Amount
State and local income taxes paid (other than withholdings and estimates)		
Actual state and local general sales taxes paid		
Real estate taxes		
Personal state/local property taxes (list type of tax paid) _____		

Interest Paid	CY Amount	LY Amount
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Home mortgage interest paid to individual		
<i>Individual's name</i> _____		
<i>Individual's address</i> _____		
<i>Individual's ID number</i> _____		
Qualified mortgage insurance premiums (VA, FHA, RHS, or private)		
Investment interest expense		

Gifts to Charity (If additional lines are needed, attach similar statement)					
<i>Contributions of cash or check</i>			<i>Noncash contributions</i>		
Name of charity	Date given	CY Amount	Name and address of charity	Date given	FMV

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.
 (If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: _____ Residential property
 Description of property: _____ Business property
 Date of loss: _____ Federal Disaster

Amount of damage _____ Cost basis of property _____ Repair Costs _____
 Insurance reimbursement _____ FMV of property before loss _____ Other _____
 Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses **T = Taxpayer S = Spouse** **T or S**

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
 Subscriptions related to your work _____
 Licenses and regulatory fees _____
 Tools and supplies used in your work _____
 Work clothes, uniforms if required _____
 Medical exams required by your employer _____
 Work related education (books, tuition) _____
 Legal fees related to your job _____
 Job search expenses (current occupation) _____

Vehicle Information
 Vehicle description _____
 Date placed in service _____
 Cost or basis _____

Miles of vehicle
 Business miles _____
 Commuting miles _____
 Other miles _____

***In home office:**
 Total square footage _____
 Office square footage _____
 Office square footage _____
 Rent _____
 Insurance _____
 Utilities _____
 Repairs/Maintance _____

Expenses
 Actual expenses _____
 (gas, oil, repairs, etc)
 Parking fees and tolls _____
 Travel expenses _____

*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

Sales, Purchases, and Disposition of Assets in CY

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
 Safe deposit box _____
 Custodial, trust admin fees _____
 Fees to collect interest and dividends _____
 Tax advice not related to investment income _____
 Legal fees related to producing taxable income _____
 Other _____
 Other _____
 Other _____

Other Misc. Deductions

Gambling losses _____
 Estate tax deduction (in respect of a decedent) _____
 Portfolio from Schedule K-1 _____
 Unrecovered investment in a pension _____
 Amortizable premium on taxable bonds _____
 Disabled persons work expenses _____
 Other _____
 Other _____
 Other _____

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):		Tax-Exempt	Telephone	Identification	Amount Paid
Care Provider Name	Address		Number	Number	
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

2. RESIDENTIAL ENERGY CREDIT

Description	Amount	Description	Amount
Solar electric property	_____	Metal or asphalt roof	_____
Solar water heating	_____	Exterior windows and skylights	_____
Small wind energy	_____	Electric heat pump or central air conditioner	_____
Geothermal heat pump	_____	Natural gas, propane or oil water heater	_____
Fuel cell property	_____	Biomass fuel stove	_____
Insulation material	_____	Natural gas, propane or oil furnace	_____
Exterior doors	_____	Advanced main air circulating fan	_____

1. Were the qualified improvements for your main home in the United States? Yes No
 2. Were any of the improvements related to the construction of this main home? Yes No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No
 2. Are you currently repaying the First-Time Homebuyer Credit? Yes No
 3. Do you (and your spouse) have a social security number that allows you to work and is valid? Yes No
 4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? Yes No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from LY federal refund	_____	_____
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

State estimated payments	State Name: _____	Date Paid	Amount Paid
Applied from LY state refund		_____	_____
1st quarter payment		_____	_____
2nd quarter payment		_____	_____
3rd quarter payment		_____	_____
4th quarter payment		_____	_____

Local estimated payments	Locality Name: _____	Date Paid	Amount Paid
Applied from LY local refund		_____	_____
1st quarter payment		_____	_____
2nd quarter payment		_____	_____
3rd quarter payment		_____	_____
4th quarter payment		_____	_____

Healthcare Help Sheet

ACA Tax Forms

Form 8962 - This form must be attached to Form 1040, 1040A or 1040NR. You will use this form to help compute a premium tax credit as well as reconcile any advanced premium tax credit received from Form 1095-A.

Form 8965 - This form must be attached to Form 1040, Form 1040A or Form 1040EZ. You will use this form to enter a Marketplace-granted coverage exemption or to claim a coverage exemption on the return.

**** Not all exemptions can be claimed when filing a federal tax return. Individuals who experience hardships, members of recognized religious sects or divisions and American Indians and Alaska Natives and other individuals who are eligible to receive services from an Indian Health Care Provider must file for these exemptions through the Marketplace.***

Form 1095-A - This form must be filed by the Marketplace to individuals by January 31, CY. If you signed up for health insurance through the Marketplace, you will receive this form, which will report documentation of health coverage by month and any premiums or advanced payments of the premium tax credit.

**** If you receive this form, you are required to file a federal tax return.***

Form 1095-B - This form will report health insurance information for each covered individual on a per month basis. This form is issued by health insurance issuers and self-insured employer-sponsored plans.

Form 1095-C - This form will report health insurance information for each covered individual on a per month basis. This form is issued by applicable large employers.

Individual Shared Responsibility Payment

