

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2016 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2016 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2015 information is included for your reference. You do not need to make any 2015 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2015 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

# 2016 TAX ORGANIZER

Taxpayer Information	Spouse Information
Last name .....	Last name.....
First name .....	First name .....
Middle Initial.....	Middle Initial.....
Suffix.....	Suffix.....
Social security number .....	Social security number .....
Occupation .....	Occupation.....
Work phone .....	Work phone.....
Ext ...	Ext ...
Cell phone .....	Cell phone .....
E-mail address.....	E-mail address.....
Date of birth.....	Date of birth .....
Address .....	Apartment number.....
City .....	State.....
	ZIP Code.....
Home phone.....	Fax number .....

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

**Education Tuition and Fees**  
 Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2016 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2015 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name
_____
_____
_____

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

	Taxpayer	Spouse
Traditional IRA contributions made for 2016 .....	_____	_____
Roth IRA contributions made for 2016 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

**2016 Deductions**

<b>Medical and Dental Expenses</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Prescription medications.....	_____	_____
Health insurance premiums.....	_____	_____
Doctors, dentists, etc.....	_____	_____
Hospitals, clinics, etc.....	_____	_____
Eyeglasses and contact lenses.....	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____

<b>Taxes</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Real estate taxes paid on principal residence.....	_____	_____
Real estate taxes paid on additional homes or land.....	_____	_____
Auto license registration fees based on the value of the vehicle.....	_____	_____
Other personal property taxes.....	_____	_____

<b>Interest Expenses</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Home mortgage interest paid – Attach Form(s) 1098. <b>Lender's Name</b>	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home <b>Lender's Name</b>	_____	_____
_____	_____	_____

<b>Cash/Check/Credit Contributions</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Noncash Charitable Contributions**  
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

<b>Miscellaneous Deductions</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Union and professional dues.....	_____	_____
Professional subscriptions, books, supplies.....	_____	_____
Uniforms and protective clothing (including cleaning).....	_____	_____
Job search costs.....	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees.....	_____	_____
Safe deposit box rental.....	_____	_____
Gambling losses (to the extent of gambling income).....	_____	_____
Other expenses (list): _____	_____	_____

	Yes	No
1 Did a lender cancel any of your debt in 2016? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? If yes, please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2016 ?..... If yes, attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2016? If yes, enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2016? If yes, attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2016 ? ..... _____ %      State ID ..... _____	<input type="checkbox"/>	<input type="checkbox"/>
7 Did your marital status change during 2016? ..... If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or your spouse permanently and totally disabled in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2016? If yes, attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2016 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?.....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2016?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If yes, attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer?..... If yes, please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2017 to be the same as 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If no, attach explanation of changes expected.		
25a Did you and your dependents have health insurance coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence..... <b>Taxpayer</b> _____ <b>Spouse</b> _____		

**Electronic Filing and Direct Deposit of Refund** Yes  No

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....  Yes  No

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
If you receive a refund, would you like direct deposit? .....  Yes  No

If yes, please provide a voided check (not a deposit slip) if your bank account information has changed.  
What type of account is this?..... Checking  Savings

**Estimated Tax Paid**

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

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**General Questions**

**ORG3**

**PERSONAL INFORMATION**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1 Did your marital status change during 2016? .....<br>If <b>yes</b> , explain .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? .....<br>If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS.<br><b>Caution:</b> Review any transferred information for accuracy.<br>Designee's Name ..... ▶ _____<br>Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN)..... ▶ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do you or your spouse plan to retire in 2017? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2016 or 2017 ): Taxpayer: _____ Spouse: _____  |                          |                          |
| 6 Were you or your spouse a member of the U.S. Armed Forces during 2016? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**DEPENDENT INFORMATION**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>yes</b> , do you want us to prepare the return(s)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>yes</b> , do you want to include your child's income on your return? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents <b>not</b> U.S. citizens or residents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2016? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**IRA, PENSION AND EDUCATION SAVINGS PLANS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Did you convert all or part of a regular IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**ITEMS RELATED TO INCOME/LOSSES**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2016? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income <b>not</b> reported to your employer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2016? (Attach copies of any escrow statements or Forms 1099.) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Are you planning to purchase a home soon? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**PRIOR YEAR TAX RETURNS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? .....<br>If <b>yes</b> , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....   | <input type="checkbox"/> | <input type="checkbox"/> |



**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

	Yes	No
<b>23</b> Did you have foreign income or pay any foreign taxes in 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>24 a</b> At any time during 2016, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2016 ? Report all interest income on Org 11 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>25</b> Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>26</b> Did you at any time during 2016, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH AND LIFE INSURANCE**

	Yes	No
<b>27 a</b> Did you and your dependents have health care coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? If you received an exemption certificate, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>28 a</b> Did you or your spouse have self-employed health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>29</b> Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>

**MISCELLANEOUS**

	Yes	No
<b>31</b> Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016 ? If <b>yes</b> , please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>32</b> Did you start paying mortgage insurance premiums in 2016 ? If <b>yes</b> , please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>33</b> Did you purchase a motor vehicle or boat during 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
<b>34</b> Did you purchase an energy efficient vehicle in 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , enter year, make, model, and date purchased: _____		
<b>35</b> Did you donate a vehicle in 2016 ? If yes, attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> What was the sales tax rate in your locality in 2016 ? _____ % State ID .....		
<b>37</b> Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>38</b> Did you make gifts to a trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b> If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach details.		
<b>40</b> Did you or your spouse participate in a medical savings account in 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
<b>41</b> Did you make a loan at an interest rate below market rate? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>42</b> Did you pay any individual for domestic services in 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>43</b> Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>44</b> Did you, your spouse, or your dependents attend post-secondary school in 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>45</b> Did a lender cancel any of your debt in 2016 ? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>46</b> Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

	Yes	No
<b>47</b> If your tax return is eligible for Electronic Filing, would you like to file electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>48</b> The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Caution:** Review transferred information for accuracy.

**49** If **yes**, please provide the following information:

<b>a</b> Name of your financial institution .....	_____
<b>b</b> Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....	_____
<b>c</b> Account number .....	_____
<b>d</b> What type of account is this? .....	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Health Insurance Coverage

ORG3A

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (\*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

**Minimum Essential Coverage** includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

**Exemptions** may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at [www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions](http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions) or [www.healthcare.gov/exemptions](http://www.healthcare.gov/exemptions). Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2016 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2016 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2016. The national average bronze plan amount is \$225 per month and limited to \$1,115 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

**Business/Investment Questions**

**ORG4**

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2016 ? ..... If yes, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2016 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2015 federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>



PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name.....	_____	_____
Middle initial and suffix.....	MI ..... Suffix .....	MI ..... Suffix .....
Social security number.....	_____	_____
Occupation.....	_____	_____
Work phone/extension.....	_____	_____
Cell phone.....	_____	_____
E-mail address.....	_____	_____
Birthdate.....	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number .....
City.....	State.....	ZIP code.....
Home phone.....	Foreign country.....	_____
Fax.....	Foreign phone.....	_____

FILING STATUS

**1** Single

**2** Married filing jointly

**3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year..... ▶

Check this box if you are eligible to claim spouse's exemption..... ▶

Check this box if your spouse itemizes deductions..... ▶

**4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

**5** Qualifying widow(er)

Check the box for the year the spouse died ..... ▶ 2014  2015

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth		2016 Child Care Expense
			+Months in U.S.	*Not Citizen	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

\*\* For the Dependent Code, enter the following:

- L = dependent child who lived with you
- N = dependent child who didn't live with you due to divorce or separation
- O = other dependent
- Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

**Attach all copies of your W-2 forms here.**

<b>1</b>	Employer's name .....	Check if not applicable for 2016 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account .....		_____
	3 Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance .....		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....		_____
	c Check SE tax on: (a) housing or parsonage allowance.....	(b) W-2 wages.....	(c) both.....
		<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Employer's name .....	Check if not applicable for 2016 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account .....		_____
	3 Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance .....		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....		_____
	c Check SE tax on: (a) housing or parsonage allowance.....	(b) W-2 wages.....	(c) both.....
		<input type="checkbox"/>	<input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

**Attach all copies of your 1099-R forms here.**

<b>1</b>	Payer's name .....	Check if not applicable for 2016 .....	<input type="checkbox"/>
	Payer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	2 a If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	b If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	3 Health insurance premiums deductible on Schedule A .....		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	b If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		_____
<b>2</b>	Payer's name .....	Check if not applicable for 2016 .....	<input type="checkbox"/>
	Payer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	2 a If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	b If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	3 Health insurance premiums deductible on Schedule A .....		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	b If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		_____

**W-2G – GAMBLING OR LOTTERY WINNINGS**

**Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

W-2 Amounts

ORG7A

WAGES, SALARIES, TIPS, AND OTHER COMPENSATION					
Box	Description	2016		2015	
c	Employer's name (from ORG7) .....				
1	Wages, tips, etc.....				
2	Federal income tax withheld.....				
3	Social security wages.....				
4	Social security tax.....				
5	Medicare wages/tips.....				
6	Medicare tax withheld.....				
13b	Check if retirement plan participant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Social security tips.....				
8	Allocated tips.....				
	Unreported tips less than \$20 per month.....				
	Unreported tips \$20 or more per month.....				
9	(Not used).....				
10	Dependent care.....				
11	Nonqualified plans.....				
13a	Check if statutory employee.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c	Check if third-party sick pay.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Box 12 W-2 Code	2016 Box 12 Amount	2015 Box 12 Amount	If Box 12 code is:		2016	2015
			A: Attributable to RR Tier 2 tax.....			
			M: Attributable to RR Tier 2 tax.....			
			R: Taxpayer MSA.....			
			Spouse MSA.....			
			G: Not government employer.....		<input type="checkbox"/>	<input type="checkbox"/>

2016 Box 14 Description or Code	2016 Box 14 Amount	2015 Box 14 Description or Code	2015 Box 14 Amount

Box 15 State	2016 Box 16 Wages, tips, etc	2016 Box 17 Income tax	2015 Box 16 Wages, tips, etc	2015 Box 17 Income tax

Box 20 Locality	2016 Box 18 Wages, tips, etc	2016 Box 19 Income tax	2015 Box 18 Wages, tips, etc	2015 Box 19 Income tax





1099-MISC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1		Payer 2		Payer 3	
	Check if spouse.....						
	Check if you did not receive income from this payer in 2016.....						
	Payer's name.....						
	Payer's federal identification number <b>or</b> ..... Payer's social security number.....						
1	Rents .....						
2	Royalties .....						
3	Other income.....						
4	Federal income tax withheld.....						
5	Fishing boat proceeds .....						
6	Medical/health care payments.....						
7	Nonemployee compensation.....						
8	Substitute payments .....						
10	Crop insurance proceeds.....						
13	Excess golden parachute payments.....						
14	Gross proceeds paid to an attorney.....						
15a	Section 409A deferrals .....						
15b	Section 409A income .....						
16	State tax withheld – 1st state.....						
17	State name – two letters – 1st state.....						
	Payer's state number – 1st state.....						
18	State income – 1st state.....						
16	State tax withheld – 2nd state.....						
17	State name – two letters – 2nd state .....						
	Payer's state number – 2nd state.....						
18	State income – 2nd state.....						
	FATCA filing requirement .....						

**SOCIAL SECURITY BENEFITS**

<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
1 Social Security Benefits from Form SSA-1099.....		
2 Federal income tax withheld from Form SSA-1099 .....		
3 Medicare B premiums withheld from Form SSA-1099 .....		
4 Medicare C premiums withheld from Form SSA-1099 .....		
5 Medicare D premiums withheld from Form SSA-1099 .....		
6 Railroad Retirement Benefits from Form RRB-1099 .....		
7 Federal income tax withheld from Form RRB-1099 .....		
8 Medicare premiums withheld from Form RRB-1099.....		

**FORM 1099-G**

<input checked="" type="checkbox"/> <b>Attach all copies of 1099-G forms.</b>				
Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation .....			
a	Unemployment benefits you repaid in 2016 .....			
2	State and local income tax refunds .....			
3	Enter the tax year from 1099-G box 3 .....			
a	If tax year is 2015 or prior, enter the taxable portion of the amount reported in box 2 .....			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants .....			
7	Agriculture payments .....			
8	Check if box 2 amount is from trade or business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain.....			
10a	Two-letter state abbreviation .....	—	—	—
	Two or three-letter local abbreviation .....	—	—	—
b	State identification number .....			
11	State income tax withheld.....			

**OTHER INCOME**

Nature and Source	2016 Taxpayer	2016 Spouse	2015 Combined
1 Alimony received.....			
2 Recovery of bad debts previously deducted .....			
3 Jury duty pay.....			
4 Gambling winnings not reported on W2G/1099 .....			
5 Income from not for profit activities (hobbies) .....			
6 Income from the rental of personal property .....			
7 Other miscellaneous income items: Description:			
_____			
_____			
_____			



**1099-INT Amounts**

ORG11A

Interest Income		2016	2015
<b>Box</b>	Payer Name .....		
<b>2</b>	Early withdrawal penalty .....		
<b>4</b>	Federal taxes withheld.....		
<b>5</b>	Investment expenses .....		
<b>6</b>	Foreign taxes paid.....		
<b>7</b>	Foreign country .....		
<b>9</b>	Private activity bond interest .....		
	OR		
	Percent of private activity bond amount included in total interest .....		
<b>10</b>	Market discount .....		
<b>11</b>	Bond premium.....		
<b>12</b>	Bond premium on treasury obligations .....		
<b>13</b>	Bond premium on tax-exempt bond.....		
<b>15a</b>	State (postal code) .....		
<b>15a</b>	State Identification number .....		
<b>15a</b>	State taxes withheld.....		
<b>15b</b>	State (postal code) .....		
<b>15b</b>	State Identification number.....		
<b>15b</b>	State taxes withheld.....		
	If state withholding is entered above, indicate the form type: <input type="checkbox"/> 1099-INT <input type="checkbox"/> 1099-OID Types of adjustments:* <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U Amount of adjustment .....		

**\*Type of adjustment:**

- N = Nominee distribution
- O = Original issue discount (OID) adjustment
- B = Amortizable bond premium (ABP) adjustment
- R = Bond premium on treasury obligations
- T = Bond premium on tax-exempt bonds
- A = Accrued interest adjustment
- H = Other adjustment
- U = U.S. Savings bond interest previously reported

FATCA filing requirement .....

**DIVIDEND INCOME**

**ORG11B**

<b>Box</b>	<b>Form 1099-DIV</b>	<b>2016</b>	<b>2015</b>
	<b>Payer Name</b> .....		
<b>2 b</b>	Unrecaptured Section 1250 gain .....		
<b>2 c</b>	Section 1202 gain .....		
<b>2 e</b>	Amount eligible for 50% exclusion .....		
	Amount eligible for 60% exclusion .....		
	Amount eligible for 75% exclusion .....		
	Amount eligible for 100% exclusion .....		
<b>2 e</b>	Collectibles (28%) gain .....		
<b>3</b>	Nondividend distributions (Nontaxable distributions) .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Investment expenses .....		
<b>6</b>	Foreign tax paid .....		
<b>7</b>	Foreign country .....		
<b>10</b>	Exempt-interest dividends (not included in box 1 or box 3) .....		
<b>11</b>	Private activity bond amount included above .....		
	<b>OR</b>		
	Percent of private activity bond amount included in total exempt-interest dividends (Enter 75 percent as 75.00) .....		
<b>12a</b>	State (postal code) .....		
<b>13a</b>	State Identification number .....		
<b>14a</b>	State taxes withheld .....		
<b>12b</b>	State (postal code) .....		
<b>13b</b>	State Identification number .....		
<b>14b</b>	State taxes withheld .....		
	U.S. government interest in dividends .....		
	Margin interest paid in 2016 .....		
	Types of adjustments: Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/>		
	Amount of adjustment .....		
	FATCA filing requirement .....		

**Seller-Financed Interest/Child's Interest and Dividends**

**ORG12**

T = Taxpayer, S = Spouse, J = Joint

<b>SELLER-FINANCED MORTGAGE INTEREST</b>					
<b>TSJ</b>	<b>*X</b>	<b>Name of Payer</b>	<b>Address</b>	<b>SSN or EIN</b>	<b>Amount</b>

\*X Check if you did not receive interest from this payer in 2016.

<b>CHILD'S INTEREST AND DIVIDENDS (greater than \$1,050)</b>			
<b>*X</b>	<b>Child's Name</b>	<b>2016</b>	<b>2015</b>
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest .....		
	Child's tax-exempt interest .....		
	Child's ordinary dividends .....		
	Child's capital gain distributions .....		
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest .....		
	Child's tax-exempt interest .....		
	Child's ordinary dividends .....		
	Child's capital gain distributions .....		
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest .....		
	Child's tax-exempt interest .....		
	Child's ordinary dividends .....		
	Child's capital gain distributions .....		

\*X Check if this child did not receive interest or dividend income in 2016.

## Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2016	2015
1 Prescription medications.....		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums.....		
b Spouse's gross long-term care premiums.....		
c Dependent's gross long-term care premiums.....		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc.....		
7 Hospitals, clinics, etc.....		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses.....		
11 Medical equipment and supplies.....		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2016	2015
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence.....		
17 Real estate taxes paid on additional homes or land.....		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes.....		
20 Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

ORG14

<b>HOME MORTGAGE INTEREST PAID</b>			
<b>Lender's Name</b>	<b>Check if NOT on Form 1098</b>	<b>2016</b>	<b>2015</b>
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

<b>POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME</b>		
<b>Lender's Name</b>	<b>Check if NOT on Form 1098</b>	<b>2016</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

<b>SELLER FINANCED MORTGAGE</b>		
<b>Individual's Name</b>	<b>Identifying Number</b>	<b>Address</b>

<b>OTHER PERSON RECEIVING FORM 1098</b>	
<b>Form 1098 Recipient's Name</b>	<b>Address</b>

<b>OTHER POINTS</b>					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
<b>Lender's Name</b>	<b>Loan Over</b>	<b>Points Paid</b>	<b>Date of Loan</b>	<b>Loan Length (years)</b>	<b>2015 Points Deducted</b>
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

<b>INVESTMENT INTEREST</b>		
	<b>2016</b>	<b>2015</b>
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		



**Interest Paid and Cash Contributions (continued)**

**ORG14**

**LIMITED HOME MORTGAGE DEDUCTION**

If your mortgage balance exceeded \$1 million (\$500,000 for married filing separately) or your home equity debt exceeded \$100,000 (\$50,000 for married filing separately) during 2015 complete the following:

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1</b> Interest paid in 2016 .....					
Points paid in 2016.....					
Months loan outstanding ....					
Principal pd on loan in 2016.					
<b>2</b> Home acquisition debt:					
Beginning of year balance ..					
Additional borrowed in 2016.					
<b>3</b> Home equity debt:					
Beginning of year balance ..					
Additional borrowed in 2016.					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Additional borrowed in 2016.					
<b>5</b> Fair market value of homes on date debt was last secured by home .....					
<b>6</b> Home acquisition and grandfathered debt on date last secured by home .....					

**CASH CONTRIBUTIONS**

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2016	2015
	<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"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation.....			

## Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\*Methods of determining FMV:**

- |               |                          |                   |             |
|---------------|--------------------------|-------------------|-------------|
| Appraisal     | Capitalization of income | Present value     | Thrift shop |
| Average share | Comparative sales        | Replacement cost  |             |
| Catalog       | Consignment shop         | Reproduction cost |             |

**\*\*Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

**Miscellaneous Itemized Deductions**

**ORG15**

<b>MISCELLANEOUS DEDUCTIONS (2% LIMITATION)</b>	<b>2016</b>	<b>2015</b>
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete <b>ORG17</b> for all your employee expenses.		
1 Union and professional dues .....		
2 Professional subscriptions .....		
3 Uniforms and protective clothing .....		
4 Job search costs .....		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension <input type="checkbox"/> No
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this property located in a Qualified Disaster Area? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check to code assets as Investment Expense .....	<input type="checkbox"/>	
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
6 Tax return preparation fees .....		
7 Investment counsel and advisory fees .....		
8 Certain attorney and accounting fees .....		
9 Safe deposit box rental .....		
10 IRA custodial fees .....		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>		
12 Federal estate tax paid on income in respect of a decedent .....		
13 Amortizable bond premiums (acquired before 10/23/86) .....		
14 Gambling losses (to the extent of gambling income) .....		
15 Claim repayments .....		
16 Unrecovered investment in annuity .....		
17 Unrecovered investment in annuity .....		

## Moving Expenses

**ORG16**

If you sold your principal residence during 2016, also complete Sale of Your Home (ORG22).

### FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... \_\_\_\_\_

Number of miles from your old home to old workplace..... \_\_\_\_\_

Are you a member of the armed forces? ..... Yes  No

If **Yes**, did you move due to a permanent change of station? ..... Yes  No

If **Yes**, enter the allowances or reimbursements received from the government..... \_\_\_\_\_

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12..... \_\_\_\_\_

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses.....	
Storage expenses.....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals.....	
Lodging <b>not</b> including meals.....	

### SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... \_\_\_\_\_

Number of miles from your old home to old workplace..... \_\_\_\_\_

Are you a member of the armed forces? ..... Yes  No

If **Yes**, did you move due to a permanent change of station? ..... Yes  No

If **Yes**, enter the allowances or reimbursements received from the government..... \_\_\_\_\_

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12..... \_\_\_\_\_

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses.....	
Storage expenses.....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals.....	
Lodging <b>not</b> including meals.....	

## Employee Business Expenses

ORG17

Occupation in which expenses were incurred .....

Check box if spouse's employee expenses. If blank, taxpayer assumed.....

Check box if a fee-basis state or local government official .....

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?.....  Yes  No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?.....  Regular  Extension  No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?.....  Yes  No

Was this activity located in a Qualified Disaster Area.....  Yes  No

EXPENSES	2016	2015
1 Parking fees, tolls, and local transportation .....		
2 Travel expenses while away from home (excluding meals/entertainment expenses) .....		
3 Meals and entertainment expenses .....		
4 Business gifts .....		
5 Education .....		
6 Home office expenses <b>(Preparer Use Only)</b> – complete ORG17A) .....		
7 Trade publications.....		
8 Depreciation expense other than vehicle <b>(Preparer Use Only)</b> .....		
9 Carryover of Section 179 expense from prior year .....		
10 Other: ..... ..... .....		

EMPLOYER REIMBURSEMENTS	2016	2015
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment .....		
12 Reimbursements for meals and entertainment .....		

QUALIFIED PERFORMING ARTIST	2016	2015
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2016	2015
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employee Business Expenses (continued)**

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle.....		
16 Date placed in service.....		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading.....		
b Beginning mileage reading.....		
c Total miles for the year (line 17a less line 17b).....		
18 Business miles.....		
19 Total commuting miles.....		
20 Average daily commuting miles.....		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? (Preparer Use Only).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc.....		
24 Vehicle registration fee (excluding property tax).....		
25 Vehicle lease or rental fee.....		
26 Inclusion amount (Preparer Use Only).....		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28 Depreciation (Preparer Use Only).....		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis.....		
30 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle (Preparer Use Only).....		
33 Section 179 expense (Preparer Use Only).....		
34 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? (Preparer Use Only).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38 Percentage for Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39 Elect OUT of Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Date sold.....		
42 Date acquired, if different from line 16.....		
43 Sales price.....		
44 Expense of sale.....		
45 Gain/loss basis, if different (Preparer Use Only).....		
46 AMT gain/loss basis, if different (Preparer Use Only).....		
VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49 Do you have evidence to support the business use claimed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50 If yes, is the evidence written? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Employee Home Office Expense

ORG17A

for: \_\_\_\_\_  
 copy: \_\_\_\_\_

Elect the simplified method instead of entering actual expenses .....

GENERAL INFORMATION	2016	2015
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc. ....		
d Number of hours used for daycare each day .....		
5 Total wages from this business .....		
6 Enter the percent of wages above that are from the business use of this home .....		
7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ...		
8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2016		2015	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) .....				
10 Mortgage interest/points on Form 1098 .....				
11 Interest not on Form 1098 .....				
12 Points not of Form 1098 .....				
13 Real estate taxes .....				
14 Qualified mortgage insurance .....				
15 Other insurance .....				
16 Rent .....				
17 Repairs and maintenance .....				
18 Utilities .....				
19 Other expenses (e.g., rent) .....				
20 Carryover of operating expenses .....				
21 Excess casualty losses (Preparer Use Only) .....				
22 Depreciation of your home (Preparer Use Only) .....				
23 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
25	Enter the land value included in cost for residence .....			

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 Date placed in service.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c Total miles for the year (line 3a less line 3b).....			
4 Business miles.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only).....			
12 Depreciation (Preparer Use Only).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use).....			
20 Section 179 expense (Preparer Use).....			
21 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Date acquired, if different from line 2.....			
30 Sales price.....			
31 Expense of sale.....			
32 Gain/loss basis, if different (Preparer Use).....			
33 AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If yes, is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No



## Business Income and Expenses

ORG19

### GENERAL INFORMATION

1 Check ownership  Taxpayer  Spouse  Joint

2 Business name .....

3 a Business street address.....

    b 1 City, State and Zip Code, or .....

    2 Foreign country.....

4 Principal business/profession.....

5 Employer ID number.....

6 Business code (Preparer Use Only) .....

7 Was this business fully disposed of in a fully taxable transaction during 2016? .....  Yes  No

8 Accounting method:  
 Cash       Accrual       Other (specify)  .....

9 Method used to value closing inventory:  
 Cost       Lower of       Other (explain)  .....

Yes    No

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
 (If yes, attach explanation) .....  Yes  No

11 Did you materially participate in the operation of this business during 2016? .....  Yes  No

12 Did you start or acquire this business during 2016? .....  Yes  No

13 a Did you make any payments in 2016 that require you to file Forms 1099? .....  Yes  No

    b If yes, did you or will you file all the required Forms 1099? .....  Yes  No

14 At-risk determination:

    a Is all of the investment in this activity at risk? .....  Yes  No

    b Is some of the investment in this activity not at risk? .....  Yes  No

15 Did you have unallowed passive losses in 2015? .....  Yes  No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No

    b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?.....  Regular  Extension  No  Yes

    c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

    d Was this business located in a Qualified Disaster Area? .....  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2016	2015
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2016	2015
20 Inventory at beginning of year .....		
21 Purchases .....		
22 Items withdrawn for personal use .....		
23 Cost of labor (do not include your salary) .....		
24 Materials and supplies .....		
25 Other costs .....		
26 Inventory at end of year.....		

**Business Income and Expenses (continued)**

**ORG19**

EXPENSES	2016	2015
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees .....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health) .....		
<b>35</b> Self-employed health insurance attributable to this business.....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans .....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098 .....		
<b>44</b> Travel, meals, and entertainment:		
<b>a</b> Travel.....		
<b>b</b> Meals and entertainment subject to 50% limit .....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals and entertainment not subject to limit.....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ).....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs.....		

# Business Use of Home

ORG20

for:  
copy:

Elect the simplified method instead of entering actual expenses .....

GENERAL INFORMATION	2016	2015
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for day care, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc. ....		
d Number of hours used for day care each day .....		
5 Enter the date you began using this home office for this business.....		
6 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
7 Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) .....		
8 Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only).....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2016		2015	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) .....				
10 Total mortgage interest/points .....				
11 Mortgage interest/points on Form 1098 .....				
12 Interest <b>not</b> on Form 1098.....				
13 Points <b>not</b> of Form 1098 .....				
14 Real estate taxes.....				
15 Excess mortgage interest (Preparer Use) .....				
16 Qualified mortgage insurance .....				
17 Other insurance .....				
18 Rent .....				
19 Repairs and maintenance .....				
20 Utilities .....				
21 Other expenses (e.g., rent).....				
22 Carryover of operating expenses .....				
23 Excess casualty losses (Preparer Use Only).....				
24 Depreciation of your home (Preparer Use Only).....				
25 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
27	Enter the land value included in cost for residence .....			

**Sales of Stocks and Securities**

**ORG21**

**Attach all copies of Forms 1099-B and/or 1099-S here.**

**Yes No**

- 1 Did you exchange any securities for other securities or any other property held for investment?
- 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?
- 3 Did you engage in any transactions involving traded options?
- 4 Did you engage in any transactions involving commodity future contracts and straddle positions?
- 5 Did you engage in any transactions involving *employee* stock options?
- 6 Schedule D included in the 2015 Federal income tax return?

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead. See notes below for entries to be made on lines 1d, 4a, 4b and 5

**FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.**

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

**b If so**, check if Box 6a is marked (i.e., this is the sale of noncovered security)

**c If so**, check if Box 6b is marked (i.e., the basis amount was reported to the IRS)

**d If so**, select type of gain (loss) indicated in Box 1c \*

2 Description of property.....

3a Date acquired..... **b** Date sold.....

4a Type of transaction \*\*\*..... **b** Property ownership \*\*.....

5 Holding period \*.....

6 Sales price.....

7 Cost or other basis.....

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... **b** State identification..... **c** State tax withheld.....

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

**b If so**, check if Box 6a is marked (i.e., this is the sale of noncovered security)

**c If so**, check if Box 6b is marked (i.e., the basis amount was reported to the IRS)

**d If so**, select type of gain (loss) indicated in Box 1c \*

2 Description of property.....

3a Date acquired..... **b** Date sold.....

4a Type of transaction \*\*\*..... **b** Property ownership \*\*.....

5 Holding period \*.....

6 Sales price.....

7 Cost or other basis.....

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... **b** State identification..... **c** State tax withheld.....

**\* Type of Holding Period**

- S = Short-term (one year or less)
- L = Long-term (more than one year)

**\*\* Type of Ownership**

- T = Taxpayer Ownership
- S = Spouse Ownership
- J = Joint Ownership

**\*\*\* Type of Transaction**

- S = Regular Sale of Stocks, Bonds, etc
- W = Wash Sale
- M = Collectible (28% Rate)
- P = Personal Loss on Noninvestment Property
- X = Expired (options, etc)
- O = Worthless Securities
- K = Bankrupt
- N = Nonbusiness Bad Debt
- E = Stock sales to ESOP's or EWOC's

**Sale of Your Home**

**ORG22**

**GENERAL INFORMATION**

**Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2016).

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did you use this home partially or completely in a trade or business or hold it for investment <b>AND</b> dispose of it in a like-kind (Section 1031) exchange? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did you claim the First-Time Homebuyer Credit when you purchased this home? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 a Did <b>you</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, did your <b>spouse</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you receive a Form 1099-S? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 a Have <b>you</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.) |                          |                          |
| a <b>You</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Your <b>spouse</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Was the home used as investment or rental property after December 31, 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 a Will you be receiving periodic payments of principal or interest from this sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>Yes</b> , what is the amount of the financial instrument?.....   |                          |                          |

8 Address of former home sold .....

9 a Date former home was sold.....  
 b Date former home was bought.....

10 Sales price of the home sold .....

**COST BASIS OF HOME SOLD**

Description	Amount
<b>Original cost of home sold:</b>	
11 a Purchase price of home sold.....	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought) .....	
<b>Additions and increases to basis:</b>	
12 a Settlement fees or closing costs when home was purchased. <b>Do not</b> include amounts previously deducted as moving expenses .....	
b Cost of capital improvements .....	
c Additions, including costs of materials and labor.....	
d Other additions and increases to basis.....	
<b>Decreases to basis:</b>	
13 a Seller-paid points (for old home bought after 1990) .....	
b Other decreases to basis .....	

**COMMISSIONS AND OTHER EXPENSES OF SALE**

Description	Amount
14 a .....	
b .....	
c .....	
d .....	

Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business?
Was the final installment received this year?

1 Description of property
2a Date acquired 2b Date sold
c Check this box if ordinary gain from non-capital asset

GROSS PROFIT INFORMATION
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts
4 Mortgages and other debts buyer assumed or took property subject to
5 Cost or other basis of property sold
6 Depreciation allowed or allowable
7 Commissions and other expenses of sale
8 Was this property your main home?

CURRENT TAXABLE PORTION

9 Gross profit percentage
10a Payments received in current year
b Interest received in current year

Seller Financed Mortgage Information

11 Payer's Name
Address
City State ZIP code
Country SSN or EIN

12 Payments received in prior years (do not include interest)

SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980?
b If yes, was the property a marketable security?
If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
If you received the final installment payment this year, do not complete the rest of this form.

c Give the name, address, and taxpayer identification number of related party:
Name
Address
City State ZIP code
Identifying number

14 Did the related party, during this tax year, resell or dispose of the property?
If no, do not complete the rest of this form.

Answer yes to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)?
b Was the first disposition a sale or exchange of stock to the issuing corporation?
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition?
d Did the second disposition occur after the death of the original seller or buyer?
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition?
If yes, give explanation

16 If you answered no to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale)

# Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

Attach all copies of 1099-S and 1099-B forms here.

**Note:** Enter asset dispositions here or on ORG50 (Transferred Assets), but not both.

**SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR**  
 (Include in this table asset dispositions which resulted in long-term loss, and  
 dispositions of raised livestock for long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

**SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS**  
 (Include in this table asset dispositions which resulted in short-term gain or loss)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

**GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR** (Include in this table  
 dispositions of depreciable trade, business, or residential rental assets which resulted in  
 long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

## Rent and Royalty Income and Expenses

ORG25

### BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

1 Check property owner .....  Taxpayer       Spouse       Joint

**Yes**    **No**

2 a Did you make any payments that would require you to file Form(s) 1099? .....       
 b If **yes**, did you or will you file all required Forms(s) 1099? .....    

3 a Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_  
 b If not 100%, are you reporting 100% of the income and expenses? .....    

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) .....    

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....    

6 For all rental properties, **enter the number of days** during 2016 that:  
 a The property was rented at fair rental value ..... \_\_\_\_\_  
 b The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_  
 c You owned the property, if not the entire year ..... \_\_\_\_\_

7 a Does this rental have multiple living units and you live in one of the units? .....       
 b If **yes**, enter percentage of rental use ..... \_\_\_\_\_

8 Did you actively participate in this property's management during 2016? .....    

9 Did you materially participate in this property's management during 2016? .....    

10 Do you want to treat this property as non-passive? .....    

11 Did this property have unallowed passive losses in 2015? .....    

12 Did you dispose of this property in a fully taxable transaction? .....    

13 Check this box if some of this investment was **not** at-risk .....

14 a Treat all MACRS assets for this activity as qualified Indian reservation property? .....    

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... **Regular**     **Extension**     **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....    

d Was this activity located in a Qualified Disaster Area? .....    

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2016	2015
15 Rents or royalties received .....		

- \* Property Types:**
- |                              |               |
|------------------------------|---------------|
| 1 Single family residence    | 5 Land        |
| 2 Multi-family residence     | 6 Royalties   |
| 3 Vacation/short-term rental | 7 Self-rental |
| 4 Commercial                 | 8 Other       |



**Rent and Royalty Income and Expenses (continued)**

**ORG25**

<b>EXPENSES</b>	<b>2016</b>	<b>2015</b>
Property location .....		
<b>16</b> Advertising .....		
<b>17a</b> Automobile (complete ORG18 for autos).....		
<b>b</b> Travel.....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions.....		
<b>20a</b> Mortgage insurance premiums – qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23a</b> Mortgage interest paid to banks – qualified.....		
<b>b</b> Mortgage interest paid to banks – other.....		
<b>24</b> Other interest .....		
<b>25</b> Repairs.....		
<b>26</b> Supplies.....		
<b>27a</b> Real estate taxes.....		
<b>b</b> Other taxes.....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> _____ .....		
<b>b</b> _____ .....		
<b>c</b> _____ .....		
<b>d</b> _____ .....		
<b>e</b> _____ .....		
<b>30a</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>b</b> Depletion ( <b>Preparer Use Only</b> ).....		

## Farm Rental Income and Expenses

ORG26

### GENERAL INFORMATION

Name of this activity..... \_\_\_\_\_

1 Check ownership .....  Taxpayer                       Spouse                       Joint

2 Employer identification number..... \_\_\_\_\_

3 Was this farm fully disposed of in a fully taxable transaction during 2016? ..... Yes No

4 Did you actively participate in the operation of this business during 2016? .....

5 Real estate professionals:  
 Did you materially participate in the operation of this business during 2016? .....

6 At-risk determination:  
 a Is all of the investment in this activity at risk? .....   
 b Is some of the investment in this activity not at risk? .....   
 c Did you receive a subsidy in 2016? .....

7 Did you have unallowed passive losses in 2015? .....

8 a Treat all MACRS assets for this activity as qualified Indian reservation property? .....    
 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular  Extension  No   
 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....    
 d Was this farm rental located in a Qualified Disaster Area?.....

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2016	2015
9 Income from production of livestock, produce, grains and crops .....		
10 Total distributions received from cooperatives .....		
11 Taxable amount of distributions from cooperatives .....		
12 Total agricultural program payments .....		
13 Taxable amount of agricultural program payments .....		
14 Commodity Credit Corporation (CCC) loans under election .....		
15 CCC loans forfeited/repaid with certificates .....		
16 Taxable amount of CCC loans forfeited/repaid.....		
17 Crop insurance proceeds/federal crop disaster payments received in 2016 .....		
18 Taxable crop insurance proceeds/federal crop disaster payments .....		
19 Crop insurance proceeds/federal crop disaster deferred from 2015 .....		
20 Other income – include federal/state gas tax credit/refund .....		

**Farm Rental Income and Expenses (continued)**

**ORG26**

<b>EXPENSES – FARM RENTAL PROPERTY</b>	<b>2016</b>	<b>2015</b>
Name of this activity .....		
<b>21</b> Car and truck expense (complete ORG18) .....		
<b>22</b> Chemicals .....		
<b>23</b> Conservation expenses .....		
<b>24</b> Custom hire (machine work) .....		
<b>25</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>26</b> Employee benefit programs other than pension and profit-sharing plans.....		
<b>27</b> Feed .....		
<b>28</b> Fertilizers and lime.....		
<b>29</b> Freight and trucking.....		
<b>30</b> Gasoline, fuel, and oil .....		
<b>31</b> Insurance (other than health) .....		
<b>32</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc).....		
<b>b</b> Other .....		
<b>33</b> Labor hired .....		
<b>34</b> Pension and profit-sharing plans.....		
<b>35</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b> Other (land, animals, etc) .....		
<b>36</b> Repairs and maintenance .....		
<b>37</b> Seeds and plants.....		
<b>38</b> Storage and warehousing.....		
<b>39</b> Supplies.....		
<b>40</b> Taxes.....		
<b>41</b> Utilities .....		
<b>42</b> Veterinary fees and medicine .....		
<b>43</b> Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
_____		
<b>44</b> Qualified pension plan start-up costs.....		

**Farm Income and Expenses**

ORG27

**GENERAL INFORMATION**

Name of this farm.....

**1** Check ownership  Taxpayer  Spouse  Joint

**2** Principal product .....

**3** Employer identification number.....

**4** Agricultural activity code (**Preparer Use Only**) .....

**5** Accounting method  Cash  Accrual

	<b>Yes</b>	<b>No</b>
<b>6</b> Was this farm fully disposed of in a fully taxable transaction during 2016?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did you materially participate in the operation of this business during 2016?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you make any payments in 2016 that would require you to file Form(s) 1099.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> If 'Yes,' did you or will you file all required Forms 1099?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> At-risk determination:		
<b>a</b> Is all of the investment in this activity at risk?.....	<input type="checkbox"/>	
<b>b</b> Is some of the investment in this activity not at risk?.....	<input type="checkbox"/>	
<b>c</b> Did you receive a subsidy in 2016?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you have unallowed passive losses in 2015?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12 a</b> Treat all MACRS assets for this activity as qualified Indian reservation property?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Treat all assets acquired after August 27, 2005 as qualified GO Zone property?.....	Regular <input type="checkbox"/>	Extension <input type="checkbox"/> No <input type="checkbox"/>
<b>c</b> Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Was this farm located in a Qualified Disaster Area?.....	<input type="checkbox"/>	<input type="checkbox"/>

<b>FARM INCOME – CASH METHOD</b>		<b>2016</b>	<b>2015</b>
<b>13</b> Sales of livestock, etc purchased for resale.....			
<b>14</b> Cost/Basis of livestock, etc purchased for resale.....			
<b>15</b> Sales of livestock, produce, grains, etc raised.....			
<b>16 a</b> Total distributions received from cooperatives.....			
<b>b</b> Taxable amount of distributions from cooperatives.....			
<b>17 a</b> Total agricultural program payments.....			
<b>b</b> Taxable amount of agricultural program payments.....			
<b>c</b> If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15.....			
<b>18 a</b> Commodity Credit Corporation (CCC) loans under election.....			
<b>b</b> CCC loans forfeited/repaid with certificates.....			
<b>c</b> Taxable amount of CCC loans forfeited/repaid.....			
<b>19 a</b> Crop insurance proceeds/federal crop disaster payments received in 2016.....			
<b>b</b> Taxable crop insurance proceeds/federal crop disaster payments.....			
<b>c</b> Crop insurance proceeds/federal crop disaster payments deferred from 2015.....			
<b>20</b> Custom hire (machine work) income.....			
<b>21</b> Other income – include federal/state gas tax credit/refund.....			

<b>FARM INCOME – ACCRUAL METHOD</b>		<b>2016</b>	<b>2015</b>
<b>22</b> Sales – livestock, produce, grain, other products.....			
<b>23 a</b> Total distributions received from cooperatives.....			
<b>b</b> Taxable amount of distributions from cooperatives.....			
<b>24 a</b> Total agricultural program payments.....			
<b>b</b> Taxable amount of agricultural program payments.....			
<b>25 a</b> Commodity Credit Corporation (CCC) loans under election.....			
<b>b</b> CCC loans forfeited/repaid with certificates.....			
<b>c</b> Taxable amount of CCC loans forfeited/repaid.....			
<b>26</b> Crop insurance proceeds and certain disaster payments.....			
<b>27</b> Custom hire (machine work) income.....			
<b>28</b> Other income include federal/state gas tax credit/refund.....			

**Farm Income and Expenses (continued)**

**ORG27**

<b>FARM INCOME – ACCRUAL METHOD (continued)</b>	<b>2016</b>	<b>2015</b>
<b>29</b> Cost of Goods Sold:		
<b>a</b> Beginning inventory – livestock, produce, etc.....		
<b>b</b> Cost of livestock, produce, etc purchased.....		
<b>c</b> Ending inventory – livestock, produce, etc.....		
<b>30</b> Check if you used the unit-livestock price method or farm-price method to value inventory.....	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for acquisitions and ORG50 for dispositions.

<b>FARM EXPENSES – CASH AND ACCRUAL METHODS</b>	<b>2016</b>	<b>2015</b>
Name of this farm.....		
<b>31</b> Car and truck expense (complete ORG18).....		
<b>32</b> Chemicals.....		
<b>33</b> Conservation expenses.....		
<b>34</b> Custom hire (machine work).....		
<b>35</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>36</b> Employee benefit programs other than pension and profit-sharing plans.....		
<b>37</b> Feed.....		
<b>38</b> Fertilizers and lime.....		
<b>39</b> Freight and trucking.....		
<b>40</b> Gasoline, fuel and oil.....		
<b>41 a</b> Insurance (other than health).....		
<b>b</b> Self-employed health insurance attributable to this farm business.....		
<b>42</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc).....		
<b>b</b> Other.....		
<b>43</b> Labor hired.....		
<b>44</b> Pension and profit-sharing plans.....		
<b>45</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18).....		
<b>b</b> Other (land, animals, etc).....		
<b>46</b> Repairs and maintenance.....		
<b>47</b> Seeds and plants purchased.....		
<b>48</b> Storage and warehousing.....		
<b>49</b> Supplies purchased.....		
<b>50</b> Taxes.....		
<b>51</b> Utilities.....		
<b>52</b> Veterinary, breeding and medicine.....		
<b>53</b> Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
<b>54</b> Qualified pension plan start-up costs.....		

## Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2016 .....		
2 Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute .....		
If you (a) received traditional IRA distributions during 2016 and you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2016, please provide this information:		
6 Enter the value of <b>all</b> of your IRAs on 12/31/2016 .....		
7 Enter the value of <b>all</b> recharacterizations after 12/31/2016 .....		
8 Enter the amount of any outstanding rollovers as of 1/1/2017 .....		
<b>If you received IRA distributions during 2016, please complete ORG7.</b>		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2016 .....		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute .....		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2016 .....		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2016 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2016 .....		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2016 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2016.....		
<b>SEP:</b>		
4 a Payments made and/or expected to be made to a SEP for 2016.....		
b Check this box if you wish to contribute the maximum amount to your SEP for 2016 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2016 .....		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2016 .....		
<b>Individual 401(k):</b>		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2016 .....		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2016 .....		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2016.....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2016 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2016 .....		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2016 .....		
ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
1		
2		

## Child and Dependent Care Expenses

ORG35

### CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1	..... ..... Care at above address?..... <input type="checkbox"/>	..... Tax-Exempt.. ▶ <input type="checkbox"/>	..... Foreign ..... ▶ <input type="checkbox"/>
2	..... ..... Care at above address?..... <input type="checkbox"/>	..... Tax-Exempt.. ▶ <input type="checkbox"/>	..... Foreign ..... ▶ <input type="checkbox"/>
3	..... ..... Care at above address?..... <input type="checkbox"/>	..... Tax-Exempt.. ▶ <input type="checkbox"/>	..... Foreign ..... ▶ <input type="checkbox"/>
4	..... ..... Care at above address?..... <input type="checkbox"/>	..... Tax-Exempt.. ▶ <input type="checkbox"/>	..... Foreign ..... ▶ <input type="checkbox"/>

<b>EXPENSES</b>	<b>2016</b>	<b>2015</b>
1 Total employment taxes paid on wages for child care expenses .....		
2 Total expenses paid in 2016 but not incurred in 2016 .....		
3 Total expenses incurred in 2016 but not paid in 2016 .....		
4 Medical expenses paid for qualifying persons unable to care for themselves .....		

<b>STUDENT/DISABLED PERSON INFORMATION FOR 2016</b>	<b>Taxpayer</b>	<b>Spouse</b>
5 If taxpayer or spouse was a full-time student or disabled in 2016, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled .....		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....		

**Education Information**

ORG36

**EDUCATION TUITION AND FEES**

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2016	2015
<b>1 a</b> Taxpayer educator expenses.....		
<b>b</b> Spouse educator expenses.....		

**STUDENT LOAN INTEREST PAID**

**Student Loan Interest Reported on a 1098-E in 2016**

**2 a** Enter detail below or total interest in Part 2b

Lender's Name	2016	2015
<b>Total Student Loan Interest</b>	<b>2016</b>	<b>2015</b>
<b>2 b</b> Enter the total interest paid on qualified student loans.....		

**FORM 1099-Q**

**3** Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

\* For the Type Code, enter the following:  
 P = Private Qualified Tuition Program  
 S = State Qualified Tuition Program  
 E = Coverdell ESA





# Household Employment Taxes

ORG41

## GENERAL INFORMATION

**Attach copies of your state payroll returns and other payroll forms.**

- 1 Enter your employer identification number .....
- Yes    No**
- 2 Did you pay **any one** household employee cash wages of \$2,000 or more in 2016? .....
- 3 Did you withhold federal income tax during 2016 for any household employee? .....
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of 2015 or 2016 to **all** household employees? .....

<b>COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE</b>	<b>2016</b>	<b>2015</b>
5 Enter total cash wages paid during 2016 that were:		
<b>a</b> Subject to social security taxes .....		
<b>b</b> Subject to Medicare taxes.....		
<b>c</b> Subject to FUTA taxes.....		
6 Enter federal income tax withheld during 2016 .....		

## COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

- Federal Unemployment Tax (FUTA) Questions: **Yes    No**
- 7 Did you pay unemployment contributions to only one state? .....
- 8 Did you pay all state unemployment contributions for 2016 by April 18, 2017? .....
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....
- 10 Enter any unemployment compensation you paid for :

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2016	2015	2016	2015
a    _____	_____				
b    _____	_____				

- 11 Complete the following if you know your state experience rate:
- a State experience rate (e.g., enter 5.5 for 5.5%) .....
- b State experience rate period – starting date (e.g., 01/01/16).....
- c State experience rate period – ending date (e.g., 12/31/16).....

State A	State B
_____	_____
_____	_____

# Household Employment Taxes

ORG41

## GENERAL INFORMATION

**Attach copies of your state payroll returns and other payroll forms.**

- 1 Enter your employer identification number .....
- Yes No
- 2 Did you pay **any one** household employee cash wages of \$2,000 or more in 2016? .....
- 3 Did you withhold federal income tax during 2016 for any household employee? .....
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of 2015 or 2016 to **all** household employees? .....

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

	2016	2015
5 Enter total cash wages paid during 2016 that were:		
a Subject to social security taxes .....		
b Subject to Medicare taxes .....		
c Subject to FUTA taxes .....		
6 Enter federal income tax withheld during 2016 .....		

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

- Yes No
- 7 Did you pay unemployment contributions to only one state? .....
- 8 Did you pay all state unemployment contributions for 2016 by April 18, 2017? .....
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....
- 10 Enter any unemployment compensation you paid for :

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2016	2015	2016	2015
a	---				
b	---				

11 Complete the following if you know your state experience rate:

- a State experience rate (e.g., enter 5.5 for 5.5%) .....
- b State experience rate period – starting date (e.g., 01/01/16) .....
- c State experience rate period – ending date (e.g., 12/31/16) .....

State A	State B
_____	_____

K-1 Partnership – Partner's Questions

ORG45

Attach all copies of K-1s from partnerships.

1	Name of partnership .....
	Partnership identification number _____ Tax shelter registration number..... _____
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of partnership .....
	Partnership identification number _____ Tax shelter registration number..... _____
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of partnership .....
	Partnership identification number _____ Tax shelter registration number..... _____
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of partnership .....
	Partnership identification number _____ Tax shelter registration number..... _____
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of partnership .....
	Partnership identification number _____ Tax shelter registration number..... _____
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of partnership .....
	Partnership identification number _____ Tax shelter registration number..... _____
	1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

# K-1 Partner's Share of Income, Credits, Deductions, Etc

ORG45A

Name of Partnership	Partnership ID	Tax Shelter Reg No.
---------------------	----------------	---------------------

Ownership .....  Taxpayer     Spouse     Joint Yes    No

Is this the final K-1 for this Partnership? .....    

## GENERAL QUESTIONS

	Yes	No
1 Was <b>all</b> of the investment in this activity <b>at-risk</b> ? .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you actively participate in this activity during 2016 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there suspended passive losses carried over from 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Is this a publicly traded partnership? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Is this a foreign partnership? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Are you a general partner (or managing member, if limited liability company)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 Enter health insurance paid by you personally and related to this activity.....		

## K-1 LINE ITEMS

1 Ordinary business income (loss) .....	
2 Net rental real estate income (loss) .....	
3 Other net rental income (loss) .....	
4 Guaranteed payments .....	
5 Interest income .....	
a Income from U.S. Bonds (nontaxable to states) included in line 5.....	
6a Ordinary dividends .....	
b Qualified dividends.....	
8 Net short-term capital gain (loss) .....	
9a Net long-term capital gain (loss) .....	
b Collectibles (28%) gain (loss).....	
c Unrecaptured Section 1250 gain .....	
10 Net Section 1231 gain (loss).....	
12 Section 179 expense deduction.....	

# K-1 S Corporation – Shareholder's Questions

ORG46

<input checked="" type="checkbox"/>	Attach all copies of K-1s from S Corporations.	
<b>1</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

# K-1 Shareholder's Share of Income, Credits, Deductions, Etc

**ORG46A**

Name of S Corporation	S Corporation ID	Tax Shelter Reg No.
-----------------------	------------------	---------------------

Ownership .....  Taxpayer     Spouse     Joint Yes    No

Is this the final K-1 for this S Corporation? .....    

### GENERAL QUESTIONS

	Yes	No
<b>1</b> Was <b>all</b> of the investment in this activity <b>at-risk</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Trade or business activities (Schedule K-1, line 1):		
<b>a</b> Did you materially participate in this activity during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Rental real estate activities (Schedule K-1, line 2):		
<b>a</b> Did you materially participate in this activity during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you actively participate in this activity during 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Are there suspended passive losses carried over from 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Enter health insurance paid by you personally and related to this activity.....		

### K-1 LINE ITEMS

<b>1</b> Ordinary business income (loss) .....	
<b>2</b> Net rental real estate income (loss) .....	
<b>3</b> Other net rental income (loss) .....	
<b>4</b> Interest income .....	
<b>a</b> Income from U.S. Bonds (nontaxable to states) included in line 4 .....	
<b>5 a</b> Ordinary dividends .....	
<b>b</b> Qualified dividends .....	
<b>7</b> Net short-term capital gain (loss) .....	
<b>8 a</b> Net long-term capital gain (loss) .....	
<b>b</b> Collectibles (28%) gain (loss) .....	
<b>c</b> Unrecaptured section 1250 gain .....	
<b>9</b> Net section 1231 gain (loss) .....	
<b>10</b> Section 179 expense deduction .....	

## K-1 Estate & Trust – Beneficiary's Questions

ORG47

<input checked="" type="checkbox"/>	Attach all copies of K-1's from estates and trusts.		
<b>1</b>	Name of estate or trust ..... _____ Estate or trust identification no... _____ Tax shelter registration number..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2</b>	Name of estate or trust ..... _____ Estate or trust identification no... _____ Tax shelter registration number..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3</b>	Name of estate or trust ..... _____ Estate or trust identification no... _____ Tax shelter registration number..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4</b>	Name of estate or trust ..... _____ Estate or trust identification no... _____ Tax shelter registration number..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5</b>	Name of estate or trust ..... _____ Estate or trust identification no... _____ Tax shelter registration number..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6</b>	Name of estate or trust ..... _____ Estate or trust identification no... _____ Tax shelter registration number..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		



# K-1 Beneficiary's Share of Income, Deductions, Credits, Etc

**ORG47A**

Name of Estate or Trust	Estate or Trust ID	Tax Shelter Reg No.
-------------------------	--------------------	---------------------

Ownership .....  Taxpayer     Spouse     Joint

Check one:                       Domestic Beneficiary     Foreign Beneficiary                      **Yes    No**

Is this the final K-1 for this Estate or Trust? .....    

## GENERAL QUESTIONS

		Yes	No
<b>1</b> Rental real estate activities:			
<b>a</b> Is this a qualifying estate for material participation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Is this a qualifying estate for active participation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Are there suspended passive losses carried over from 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## K-1 LINE ITEMS

<b>1 a</b> Interest .....	
<b>b</b> U.S. Bonds (nontaxable to states) included in line 1a .....	
<b>2 a</b> Total ordinary dividends .....	
<b>b</b> Qualified dividends .....	
<b>3</b> Net short-term capital gain .....	
<b>4 a</b> Net long-term capital gain .....	
<b>b</b> 28% rate gain included in net long-term capital gain .....	
<b>c</b> Unrecaptured Section 1250 included in net long-term capital gain .....	

# K-1 Supplemental Business Expenses

ORG48

Partnership		
<b>EXPENSES</b>	<b>2016</b>	<b>2015</b>
Use <b>ORG18</b> to enter vehicle expenses.		
1 Vehicle expenses.....		
2 Vehicle rentals.....		
3 Travel expenses while away from home (excluding meals/entertainment expenses).....		
4 Business gifts.....		
5 Education.....		
6 Office supplies and expenses.....		
7 Telephone, fax, pager, etc.....		
8 Trade publications.....		
9 Depreciation and amortization ( <b>Preparer Use Only</b> ).....		
Use <b>ORG50</b> to record dispositions. Use <b>ORG51</b> to enter additional assets.		
Treat all MACRS assets for activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this activity located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
10 Carryover of Section 179 expense from prior year.....		
11 Meals and entertainment expenses.....		
12 Other:		
_____		
_____		
_____		
_____		
<b>REIMBURSEMENTS</b>	<b>2016</b>	<b>2015</b>
13 Reimbursements for other than meals and entertainment.....		
14 Reimbursements for meals and entertainment.....		











# Foreign Earned Income

ORG52

1 Foreign address (including country) and POD \_\_\_\_\_

2 Occupation \_\_\_\_\_

3 Employer's name..... ▶ \_\_\_\_\_

4a Employer's U.S. Address ..... ▶ \_\_\_\_\_

b Employer's Foreign Address..... ▶ \_\_\_\_\_

5 Employer is (Check any that apply):

a  A foreign entity

b  A U.S. entity

c  Self

d  A foreign affiliate of a U.S. company

e  Other (specify)..... ▶ \_\_\_\_\_

6a Last year 2555 or 2555-EZ filed ..... ▶ \_\_\_\_\_

b Check if Form 2555 or 2555-EZ not filed after 1981 to claim either of the exclusions..... ▶  Yes  No

c Either exclusion ever revoked? ..... ▶  Yes  No

d Enter type of exclusion and enter year for which the revocation was effective: Exclusion ..... ▶ \_\_\_\_\_ Year ... ▶ \_\_\_\_\_

7 Citizen/national of which country? ..... ▶ \_\_\_\_\_

8a Maintained a separate foreign residence for family due to adverse conditions?.....  Yes  No

b If 'Yes,' city and country of the separate foreign residence. Also, enter the number of days during the tax year that a second household maintained at the address.  
▶ \_\_\_\_\_

9 Tax home(s) during tax year and date(s) established.  
▶ \_\_\_\_\_

**Taxpayers Qualifying Under Bona Fide Residence Test**

10 Date bona fide residence began.... ▶ \_\_\_\_\_, and ended ..... ▶ \_\_\_\_\_

11 Kind of living quarters in foreign country.

a  Purchased house

b  Rented house or apartment

c  Rented room

d  Quarters furnished by employer

12a Did any of your family live with you abroad during any part of the tax year? .....  Yes  No

b If 'Yes,' who and for what period?  
▶ \_\_\_\_\_

13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? .....  Yes  No

b Are you required to pay income tax to the country where you claim bona fide residence? .....  Yes  No

**If you answered 'Yes' to 13a and 'No' to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.**

14a List any contractual terms or other conditions relating to the length of your employment abroad.  
▶ \_\_\_\_\_

b Enter the type of visa under which you entered the foreign country.  
▶ \_\_\_\_\_

c Did your visa limit the length of your stay or employment in a foreign country?.....  Yes  No

d Did you maintain a home in the United States while living abroad? .....  Yes  No

e If 'Yes,' enter address of your home, whether it was rented, and the names of the occupants, and their relationship to you.  
▶ \_\_\_\_\_

15 Qualified housing expenses for the tax year ..... \_\_\_\_\_

**For use with Form 8801 Information**

		Prior year Form 2555, line 45 and line 50			
16 TP – Foreign Earned Income TP – Housing SP – FEI SP – Housing		a	Taxpayer (Form 2555, line 45) .....	16 a	
		b	Taxpayer (Form 2555, line 50) .....	b	_____
		c	Spouse (Form 2555, line 45) .....	c	_____
		d	Spouse (Form 2555, line 50) .....	d	_____



# Foreign Earned Income

ORG52

1 Foreign address (including country) and POD \_\_\_\_\_

2 Occupation \_\_\_\_\_

3 Employer's name..... ▶ \_\_\_\_\_

4a Employer's U.S. Address ..... ▶ \_\_\_\_\_

b Employer's Foreign Address..... ▶ \_\_\_\_\_

5 Employer is (Check any that apply):

a  A foreign entity

b  A U.S. entity

c  Self

d  A foreign affiliate of a U.S. company

e  Other (specify)..... ▶ \_\_\_\_\_

6a Last year 2555 or 2555-EZ filed ..... ▶ \_\_\_\_\_

b Check if Form 2555 or 2555-EZ not filed after 1981 to claim either of the exclusions..... ▶  Yes  No

c Either exclusion ever revoked? ..... ▶  Yes  No

d Enter type of exclusion and enter year for which the revocation was effective: Exclusion ..... Year .... ▶ \_\_\_\_\_

7 Citizen/national of which country? ..... ▶ \_\_\_\_\_

8a Maintained a separate foreign residence for family due to adverse conditions? .....  Yes  No

b If 'Yes,' city and country of the separate foreign residence. Also, enter the number of days during the tax year that a second household maintained at the address.  
▶ \_\_\_\_\_

9 Tax home(s) during tax year and dates(s) established.  
▶ \_\_\_\_\_

**Taxpayers Qualifying Under Bona Fide Residence Test**

10 Date bona fide residence began.... ▶ \_\_\_\_\_, and ended ..... ▶ \_\_\_\_\_

11 Kind of living quarters in foreign country.

a  Purchased house

b  Rented house or apartment

c  Rented room

d  Quarters furnished by employer

12a Did any of your family live with you abroad during any part of the tax year? .....  Yes  No

b If 'Yes,' who and for what period?  
▶ \_\_\_\_\_

13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? .....  Yes  No

b Are you required to pay income tax to the country where you claim bona fide residence? .....  Yes  No

**If you answered 'Yes' to 13a and 'No' to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.**

14a List any contractual terms or other conditions relating to the length of your employment abroad.  
▶ \_\_\_\_\_

b Enter the type of visa under which you entered the foreign country.  
▶ \_\_\_\_\_

c Did your visa limit the length of your stay or employment in a foreign country?.....  Yes  No

d Did you maintain a home in the United States while living abroad? .....  Yes  No

e If 'Yes,' enter address of your home, whether it was rented, and the names of the occupants, and their relationship to you.  
▶ \_\_\_\_\_

15 Qualified housing expenses for the tax year ..... \_\_\_\_\_

**For use with Form 8801 Information**

		<b>Prior year Form 2555, line 45 and line 50</b>			
16 TP – Foreign Earned Income		a Taxpayer (Form 2555, line 45) .....		16a	
TP – Housing		b Taxpayer (Form 2555, line 50) .....		b	_____
SP – FEI		c Spouse (Form 2555, line 45) .....		c	_____
SP – Housing		d Spouse (Form 2555, line 50) .....		d	_____

**Federal Carryover Data**

ORG55

2015 STATE AND LOCAL TAX INFORMATION							
1	State or Local Identification	Paid With Extension	Estimates Paid After 12/31/15	Total Withheld/ Payments	Paid With Return	Total Overpayment	Applied Amount

**OTHER TAX AND INCOME INFORMATION**

2 2015 filing status:

Single
  Married filing jointly
  Married filing separately
  Head of household
  Qualifying widow(er)

3 Number of blind/elderly boxes checked for 2015 (Form 1040, line 39a) .....

4 a Total itemized deductions allowed in 2015 (Schedule A, line 29) .....

b Check this box if you were required to itemize in 2015 .....

5 Adjusted gross income in 2015 (Form 1040, line 37) .....

6 Total tax for Form 2210 or 2210-F in 2015 (Form 2210, line 4 or 2210-F, line 6) .....

7 Alternative minimum tax in 2015 (Form 1040, line 45) .....

8 2015 federal overpayment applied to 2016 (Form 1040, line 75) .....

**IRA INFORMATION**

9 a Basis of taxpayer's IRA(s) as of 12/31/15 (Form 8606, line 14) .....

b Basis of spouse's IRA(s) as of 12/31/15 (Form 8606, line 14) .....

c Taxpayer's excess IRA contributions as of 12/31/15 (Form 5329, line 16) .....

d Spouse's excess IRA contributions as of 12/31/15 (Form 5329, line 16) .....

e Taxpayer's excess Archer MSA contributions as of 12/31/15 (Form 5329, line 40) .....

f Spouse's excess Archer MSA contributions as of 12/31/15 (Form 5329, line 40) .....

g Taxpayer's excess Roth IRA contributions as of 12/31/15 (Form 5329, line 24) .....

h Spouse's excess Roth IRA contributions as of 12/31/15 (Form 5329, line 24) .....

i Taxpayer's excess Coverdell ESA contributions as of 12/31/15 (Form 5329, line 32) .....

j Spouse's excess Coverdell ESA contributions as of 12/31/15 (Form 5329, line 32) .....

k Taxpayer's excess HSA contributions as of 12/31/15 (Form 5329, line 48) .....

l Spouse's excess HSA contributions as of 12/31/15 (Form 5329, line 48) .....

**LOSS AND EXPENSE CARRYOVERS**

10 a Short-term capital loss carryover from 2015 (Schedule D) .....

b Long-term capital loss carryover from 2015 (Schedule D) .....

c AMT Short-term capital loss carryover from 2015 (Schedule D) .....

d AMT Long-term capital loss carryover from 2015 (Schedule D) .....

11 a Net operating loss carryforward to 2016 – regular tax .....

b Net operating loss carryforward to 2016 – AMT .....

12 a Disallowed investment interest expense (Form 4952, line 7) .....

b Disallowed AMT investment interest expense (Form 4952-AMT, line 7) .....

13 a Nonrecaptured net Section 1231 loss from 2015 .....

b Nonrecaptured net Section 1231 loss from 2014 .....

c Nonrecaptured net Section 1231 loss from 2013 .....

d Nonrecaptured net Section 1231 loss from 2012 .....

e Nonrecaptured net Section 1231 loss from 2011 .....

f AMT Nonrecaptured net Section 1231 loss from 2015 .....

g AMT Nonrecaptured net Section 1231 loss from 2014 .....

h AMT Nonrecaptured net Section 1231 loss from 2013 .....

i AMT Nonrecaptured net Section 1231 loss from 2012 .....

j AMT Nonrecaptured net Section 1231 loss from 2011 .....

**Federal Carryover Data (continued)**

ORG55

<b>CREDIT CARRYOVERS</b>	
<b>14</b> General business credit .....	
<b>15 a</b> Qualified adoption expenses carryforward from 2015 .....	
<b>b</b> Qualified adoption expenses carryforward from 2014 .....	
<b>16 a</b> Mortgage interest credit from 2015 (Form 8396, line 17) .....	
<b>b</b> Mortgage interest credit from 2014 (Form 8396, line 14) .....	
<b>c</b> Mortgage interest credit from 2013 (Form 8396, line 16) .....	
<b>d</b> Certificate credit rate (Form 8396, line 2).....	%
<b>e</b> Address of home claiming mortgage interest credit on Form 8396 if different from your personal address:  _____	
<b>17</b> District of Columbia first-time homebuyer credit from 2015 (Form 8859, line 4) .....	
<b>18</b> Minimum tax credit carryforward to 2016 (Form 8801, line 26).....	
<b>19</b> Residential energy efficient property credit from 2015 (Form 5695, line 16).....	

<b>OTHER CARRYOVERS</b>	
<b>20</b> Section 179 carryover from 2015 (Form 4562, line 13) .....	
<b>21</b> Excess 2015 foreign housing deduction carryover:	
<b>a</b> Amount from Form 2555, Taxpayer's copy – line 46 .....	
<b>b</b> Amount from Form 2555, Taxpayer's copy – line 48 .....	
<b>c</b> Amount from Form 2555, Spouse's copy – line 46 .....	
<b>d</b> Amount from Form 2555, Spouse's copy – line 48 .....	

<b>CHARITABLE CONTRIBUTION CARRYOVERS</b>				
<b>22</b> Carryover of charitable contributions from:	<b>Cash and Other Property</b>		<b>Capital Gain</b>	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
<b>a</b> 2015 .....				
<b>b</b> 2014 .....				
<b>c</b> 2013 .....				
<b>d</b> 2012 .....				
<b>e</b> 2011 .....				

# Foreign Tax Credit Carryovers from 2015

ORG56

**FIRST FORM 1116**

<input type="checkbox"/> Passive category income <input type="checkbox"/> General category income <input type="checkbox"/> Re-sourced by treaty <input type="checkbox"/> Lump-sum distributions				
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
Carryover to 2016 .....				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
Carryover to 2016 .....				

**SECOND FORM 1116**

<input type="checkbox"/> Passive category income <input type="checkbox"/> General category income <input type="checkbox"/> Re-sourced by treaty <input type="checkbox"/> Lump-sum distributions				
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
Carryover to 2016 .....				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
Carryover to 2016 .....				