

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]
Mark if you were married but living apart all year [2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]
Social security number Taxpayer [4] Spouse [5]
First name [6] [7]
Last name [8] [9]
Occupation [10] [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) [12] [14]
Mark if dependent of another taxpayer [15] [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]
Mark if legally blind [20] [21]
Date of birth [22] [24]
Date of death [26] [27]
Work/daytime telephone number/ext number [28] [29] [30] [31]
Home/evening telephone number [32] [33]
Do you authorize us to discuss your return with the IRS? (Y, N) [34]

Present Mailing Address

Address [38]
Apartment number [39]
City, state postal code, zip code [40] [41] [42]
Foreign country name [44]
Foreign phone number [47]
In care of addressee [48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

Table with 8 columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, Dep Codes, Care expenses paid for dependent.

Name of child who lived with you but is not your dependent [50]
Social security number of qualifying person [51]

Dependent Codes

- *Basic 1 = Child who lived with you
2 = Child who did not live with you
3 = Other dependent
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit
***Month 77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return
**Other 1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact: _____ [18] _____ [26]
 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __ [1]

Primary account:

Financial institution routing transit number _____ [2]
 Name of financial institution _____ [3]
 Your account number _____ [4]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [5]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [6]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [7]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [8] or Percent (xxx.xx) _____ [9]

Secondary account #1:

Financial institution routing transit number _____ [24]
 Name of financial institution _____ [25]
 Your account number _____ [26]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [27]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [28]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [29]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [10] or Percent (xxx.xx) _____ [11]

Secondary account #2:

Financial institution routing transit number _____ [30]
 Name of financial institution _____ [31]
 Your account number _____ [32]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [33]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [34]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [35]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [14] or Percent (xxx.xx) _____ [15]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [12] or Percent (xxx.xx) _____ [13]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____ [16] or Percent (xxx.xx) _____ [17]
 Owner's name (First Last) _____ [37] _____ [38]
 Co-owner or beneficiary (First Last) _____ [39] _____ [40]
 Mark if the name listed above is a beneficiary __ [41]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____ [20] or Percent (xxx.xx) _____ [21]
 Owner's name (First Last) _____ [42] _____ [43]
 Co-owner or beneficiary (First Last) _____ [44] _____ [45]
 Mark if the name listed above is a beneficiary __ [46]

Wages and Salaries #1

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name _____		__	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		__	[5]
Mark if this is your current employer		__	[6]
Federal wages and salaries (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (If different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)	+	_____	[16]
Medicare wages (Box 5) (If different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)	+	_____	[25]
Dependent care benefits (Box 10)	+	_____	[27]
Box 13 -			
Statutory employee		__	[29]
Retirement plan		__	[30]
Third-party sick pay		__	[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (If different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)	+	_____	[40]
Name of locality (Box 20) _____		_____	[43]

This area is reserved for prior year information.

	Control Totals+	
--	------------------------	--

Wages and Salaries #2

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name _____		__	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		__	[5]
Mark if this is your current employer		__	[6]
Federal wages and salaries (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (If different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)	+	_____	[16]
Medicare wages (Box 5) (If different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)	+	_____	[25]
Dependent care benefits (Box 10)	+	_____	[27]
Box 13 -			
Statutory employee		__	[29]
Retirement plan		__	[30]
Third-party sick pay		__	[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (If different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)	+	_____	[40]
Name of locality (Box 20) _____		_____	[43]

This area is reserved for prior year information.

	Control Totals+	
--	------------------------	--

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer											
		Amounts +											
	2	Payer											
		Amounts +											
	3	Payer											
		Amounts +											
	4	Payer											
		Amounts +											
	5	Payer											
		Amounts +											
	6	Payer											
		Amounts +											
	7	Payer											
		Amounts +											
	8	Payer											
		Amounts +											
	9	Payer											
		Amounts +											
	10	Payer											
		Amounts +											

**Dividend Codes	
Blank = Other	3 = Nominee

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

- Did you have any securities become worthless during 2016? (Y, N) [8]
Did you have any debts become uncollectible during 2016? (Y, N) [9]
Did you have any commodity sales, short sales, or straddles? (Y, N) [10]
Did you exchange any securities or investments for something other than cash? (Y, N) [12]

Table with columns: T/S/J, Description of Property, Date Acquired, Date Sold, Gross Sales Price (Less expenses of sale), Cost or Other Basis. Includes multiple rows for data entry.

2016 Information

Prior Year Information

State and local income tax refunds		+	_____ [1]	
	Taxpayer		Spouse	
Alimony received	+	_____ [3]	+	_____ [4]
Unemployment compensation	+	_____ [8]	+	_____ [9]
Unemployment compensation federal withholding	+	_____ [8]	+	_____ [9]
Unemployment compensation state withholding	+	_____ [8]	+	_____ [9]
Unemployment compensation repaid	+	_____ [11]	+	_____ [12]
Alaska Permanent Fund dividends	+	_____ [17]	+	_____ [18]

Prior Year Information grid with horizontal lines.

Self-Employment Income ?
 T/S/J (Y, N)

2016 Information

Prior Year Information

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

—	—	_____	+	_____ [14]
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____
—	—	_____	+	_____

Prior Year Information grid with horizontal lines.

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals+

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals+

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (Box 12) + _____ [17]
 Local withholding (Box 15) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals+

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (Box 12) + _____ [17]
 Local withholding (Box 15) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals+

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (Box 12) + _____ [17]
 Local withholding (Box 15) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals+

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2016 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2016 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2016 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2016 (Box 5)	+ _____ [22]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2016 or receive any prior year benefits in 2016. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9

 _____ [40]
 _____ [41]
 _____ [42]
 _____ [43]
 _____ [44]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2016	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2016	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2017 for use in 2016	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2016:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2015 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2016	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2016	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2015	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2016	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2015	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2016:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

--	--

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2016 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2016 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2016 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2016 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2016 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2016 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2016 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2016 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2016 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2016 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2016 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2016 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2016 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

	2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	
If other enter explanation:	_____ [24]	

Enter an explanation if there was a change in determining your inventory:	_____ [25]	

Did you "materially participate" in this business? (Y, N)	_____ [26]	
If not, number of hours you did significantly participate	_____ [28]	
Mark if you began or acquired this business in 2016	_____ [30]	
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y, N)	_____ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	
Medical insurance premiums paid by this activity	+ _____ [41]	
Long-term care premiums paid by this activity	+ _____ [45]	
Amount of wages received as a statutory employee	+ _____ [48]	

Business Income

	2016 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [53]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:		
_____	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2016 Information	Prior Year Information
Beginning inventory	+ _____ [60]	
Purchases	+ _____ [62]	
Labor:		
_____	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:		
_____	+ _____ [68]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

Preparer use only

Principal business or profession

2016 Information

Prior Year Information

Advertising	+ _____	[6]
Car and truck expenses	+ _____	[8]
Commissions and fees	+ _____	[10]
Contract labor	+ _____	[12]
Depletion	+ _____	[14]
Depreciation	+ _____	[16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____	[18]
_____	+ _____	
Insurance (Other than health):		
_____	+ _____	[20]
_____	+ _____	
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____	[22]
_____	+ _____	
_____	+ _____	
Other:		
_____	+ _____	[24]
_____	+ _____	
Legal and professional services	+ _____	[26]
Office expense	+ _____	[29]
Pension and profit sharing:		
_____	+ _____	[31]
_____	+ _____	
Rent or lease:		
Vehicles, machinery, and equipment	+ _____	[33]
Other business property	+ _____	[35]
Repairs and maintenance	+ _____	[37]
Supplies	+ _____	[39]
Taxes and licenses:		
_____	+ _____	[41]
_____	+ _____	
_____	+ _____	
_____	+ _____	
Travel, meals, and entertainment:		
Travel	+ _____	[43]
Meals and entertainment	+ _____	[45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____	[47]
Utilities	+ _____	[51]
Wages (Less employment credit):		
_____	+ _____	[53]
_____	+ _____	
Other expenses:		
_____	+ _____	[55]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Preparer use only

	2016 Information	Prior Year Information	
Description _____	[2]		
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____		[5]
Physical address: Street _____	[6]		
City, state, zip code _____ [7] ___ [8]	[9]		
Foreign country _____	[11]		
Foreign province/county _____	[12]		
Foreign postal code _____	[13]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]	[14]		
Description of other type (Type code #8) _____	[15]		
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y,N) _____	[16]		
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

Rent and Royalty Income

Rents and royalties	2016 Information	Prior Year Information
_____ + _____	[34]	_____
_____		_____

Rent and Royalty Expenses

	2016 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____	[36] _____	[37] _____
Auto	+ _____	[39] _____	[40] _____
Travel	+ _____	[42] _____	[43] _____
Cleaning and maintenance	+ _____	[45] _____	[46] _____
Commissions:			
_____	+ _____	[48] _____	[50] _____
_____	+ _____		
Insurance:			
_____	+ _____	[51] _____	[53] _____
_____	+ _____		
Legal and professional fees	+ _____	[55] _____	[56] _____
Management fees:			
_____	+ _____	[58] _____	[60] _____
_____	+ _____		
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____	[61] _____	[63] _____
_____	+ _____		
Other mortgage interest	+ _____	[64] _____	[66] _____
Qualified mortgage insurance premiums	+ _____	[67] _____	[68] _____
Other interest:			
_____	+ _____	[70] _____	[72] _____
_____	+ _____		
Repairs	+ _____	[73] _____	[74] _____
Supplies	+ _____	[76] _____	[77] _____
Taxes:			
_____	+ _____	[79] _____	[81] _____
_____	+ _____		
Utilities	+ _____	[82] _____	[83] _____
Depreciation	+ _____	[85] _____	[86] _____
Depletion	+ _____	[88] _____	[89] _____
Other expenses:			
_____	+ _____	[91] _____	
_____	+ _____		
_____	+ _____		
_____	+ _____		

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2016 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name _____	[93]		
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2016 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2016 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2016 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			

Vacation Home Information

	2016 Information	Prior Year Information
Number of days home was used personally _____	[6]	
Number of days home was rented _____	[8]	
Number of day home owned, if not 366 _____	[10]	
Carryover of disallowed operating expenses into 2016 + _____	[20]	
Carryover of disallowed depreciation expenses into 2016 + _____	[21]	

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [46]

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[19]
	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[28]
Total current year payments received	+ _____	[29]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[30]
Address	_____	[31]
City, State and Zip	_____ [32] [33]	[34]
Identifying number of related party	_____	[35]
Was the property sold as a marketable security? (Y, N)	_____	[36]
Enter date of second sale if more than 2 years after the first sale	_____	[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[38]
Selling price of property sold by a related party	+ _____	[40]

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)		__ [3]
Mark if the move was due to service in the armed forces		__ [7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions		__ [10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2016 Information	Prior Year Information
			+	
Address			[1]	
			+	
Address			+	

	2016 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	+	[3] +	
	+	+	
Other adjustments:			
	+	[6] +	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2016 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2016. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2016 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="background-color: #cccccc; border: 1px solid black; padding: 2px;"> _____ _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

**Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2016.
 Enter the amount actually paid during 2016.**

	2016 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	[]
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2016 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2017 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2016		

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2016 Information	Prior Year Information				
Amount contributed in current year	+ _____ [14]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
Basis of this account at 12/31/15	+ _____ [17]					
Value of this account at 12/31/16	+ _____ [19]					
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]					

Payments from Qualified Education Programs

	2016 Information	Prior Year Information										
Gross distribution (Box 1)	+ _____ [30]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>										
Earnings (Box 2)	+ _____ [32]											
Basis (Box 3)	+ _____ [34]											
Trustee-to-trustee rollover (Box 4)	_____ [36]											
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]											
Box 5 -												
Private QTP	_____ [39]											
State QTP	_____ [40]											
Coverdell ESA	_____ [41]											
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]											
Qualified education expenses	+ _____ [43]											
Elementary and secondary education expenses	+ _____ [45]											

NOTES/QUESTIONS:

T/S/J

2016 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] _____ + _____ [2]
_____ + _____
_____ + _____
_____ + _____
_____ + _____

Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.)

[4] _____ + _____ [5]
_____ + _____
_____ + _____
_____ + _____

Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.))

[7] _____ + _____ [8]
_____ + _____

Prescription medicines and drugs:

[10] _____ + _____ [11]
_____ + _____
_____ + _____

[13] Miles driven for medical items _____ [14]

[Grid area with horizontal lines for Prior Year Information]

Schedule A - Tax Expenses

T/S/J

2016 Information

Prior Year Information

State/local income taxes paid:

[18] _____ + _____ [19]
_____ + _____
_____ + _____
_____ + _____

2015 state and local income taxes paid in 2016:

[21] _____ + _____ [22]
_____ + _____
_____ + _____

Real estate taxes paid:

[24] _____ + _____ [25]
_____ + _____
_____ + _____

Personal property taxes:

[27] _____ + _____ [28]
_____ + _____

Other taxes, such as: foreign taxes and State disability taxes

[30] _____ + _____ [31]
_____ + _____
_____ + _____

Sales tax paid on major purchases:

[36] _____ + _____ [37]
_____ + _____

Sales tax paid on actual expenses:

[39] _____ + _____ [40]
_____ + _____
_____ + _____

[Grid area with horizontal lines for Prior Year Information]

Control Totals +

Interest Expenses

T/S/J	2016 Interest Paid ^{2]}	2016 Points Paid	Type*	2016 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2016 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
Address		_____		
City, state and zip code		_____		
_____	_____	_____	+	_____
Address		_____		
City, state and zip code		_____		

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2016 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2016 (**Preparer use only**) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2016 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2016 (**Preparer use only**) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2016 _____

T/S/J 2016 Information

Investment interest expense, other than on Schedule(s) K-1:

[15] _____	+	_____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Control Totals +

Charitable Contributions

T/S/J		2016 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to claim the contribution on your return.		
[2]	_____	+ _____ [3]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[5]	Volunteer miles driven _____	_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	_____	+ _____ [9]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Miscellaneous Deductions

T/S/J		2016 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11]	_____	+ _____ [12]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Union dues:		
[14]	_____	+ _____ [15]	
—	_____	+ _____	
[17]	Tax preparation fees _____	_____ [18]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[20]	_____	+ _____ [21]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[23]	Safe deposit box rental _____	_____ [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[26]	_____	+ _____ [27]	
—	_____	+ _____	
—	_____	+ _____	
	Other expenses, not subject to the 2% AGI limit:		
[30]	_____	+ _____ [31]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
[33]	_____	+ _____ [34]	
—	_____	+ _____	

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2016 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2016, if not 12 _____	[7]	
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	[9]	
Principal paid in 2016 + _____	[11]	
Interest paid during 2016 + _____	[13]	
Points reported on Form 1098 for 2016 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/15 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/16 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/15 (or first day mortgage was outstanding) _____	[28]	
Home acquisition/improvement debt as of 12/31/16 (or last day mortgage was outstanding) _____	[30]	
Home equity debt as of 12/31/15 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/16 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2016 of grandfather debt + _____	[37]	
Average balance in 2016 of home acquisition/improvement debt + _____	[39]	
Average balance for 2016 all types of debt + _____	[41]	

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	_____ [5]	
Was another vehicle available for personal use? (Y, N)	_____ [7]	
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	_____ [9]	

Vehicle Information

Vehicle 1 -	Date placed in service	_____ [11]
	Description	_____ [12]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [62]
	Description	_____ [63]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [109]
	Description	_____ [110]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [156]
	Description	_____ [157]
	Comments	_____

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	_____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2016 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8784	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2016 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [45]	+ _____ [47]	_____
Rent	+ _____ [51]	+ _____ [52]	_____
Repairs & maintenance	+ _____ [54]	+ _____ [55]	_____
Utilities	+ _____ [57]	+ _____ [58]	_____
Other expenses, such as: Supplies & Security system	+ _____ [60]	+ _____ [61]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [63]	_____
Carryovers:			
Operating expenses		+ _____ [64]	_____
Casualty losses		+ _____ [65]	_____
Depreciation		+ _____ [67]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [68]	_____
Depreciation		+ _____ [72]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
--	------------------	-------------------	------------------	-------------------	------------------	-------------------	------------------	-------------------

If you used your automobile for work purposes, answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	+ _____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

2016 Information Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) ___ [1]

Grid for prior year information

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type *, Full Year, Start Month, End Month

*Other Exemption Type Codes
A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Medicaid/TRICARE/Fiscal year employer plan
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

Table for premiums with columns: 2016 Information (Taxpayer, Spouse), Prior Year Information

NOTES/QUESTIONS:

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2016 Monthly Premium Amount	Prior Year Information	B. 2016 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2016 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2016 Monthly Premium Amount	Prior Year Information	B. 2016 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2016 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Indicate type of health or medical savings account:		
HSA	____ [6]	
Archer MSA	____ [7]	
MA (Medicare Advantage) MSA	____ [9]	
Total HSA/MSA contributions made		
for 2016 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [12]	
Number of months in qualified high deductible health plan in 2016	____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	____ [14]	
Total HSA/MSA contribution to be made for 2016	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2015 taken as constructive contributions for 2016	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2016? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__		[1]
Name of Trustee	_____			[4]
State postal code	_____			[2]
Gross distributions received (Box 1)		+	_____	[7]
Earnings on excess contributions (Box 2)		+	_____	[9]
Distribution code (Box 3)				[11]
Fair Market Value on date of death (Box 4)		+	_____	[12]
Box 5 -				
HSA				[13]
Archer MSA				[14]
MA MSA				[15]
All distributions were used to pay unreimbursed qualified medical expenses				[17]
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2016		+	_____	[19]
Withdrawal of excess contributions by the due date of the return		+	_____	[21]
Amount of distribution rolled over for 2016		+	_____	[23]
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer		+	_____	[26]
If MA (Medicare Advantage) MSA, enter value of account on 12/31/15		+	_____	[27]
For HSA accounts:				
Was the high deductible health plan coverage started in 2015 and in effect for the month of December 2015? (Y, N)				[29]
Was the high deductible health plan coverage ended before 12/31/16? (Y, N)				[30]

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2016 Information

Prior Year Information

Name of the insured chronically ill individual		_____		[39]
Social security number of insured				[40]
Gross long-term care (LTC) benefits paid (Box 1)		+	_____	[42]
Accelerated death benefits paid (Box 2)		+	_____	[44]
Check one (Box 3)				
Per diem				[46]
Reimbursed amount				[47]
Qualified contract (Box 4)				[48]
Check, if applicable (Box 5)				
Chronically ill				[49]
Terminally ill				[50]
Are there other individuals who received LTC payments during 2016? (Y, N)				[52]
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)				[53]
Number of days during the long-term care period				[54]
Cost incurred for qualified long-term care services during the long-term care period		+	_____	[55]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2016 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2015 employer-provided dependent care benefits used during 2016 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2016	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2016		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2016 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2016 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2016 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2016 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)

Amount paid to care provider in 2016 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Control Totals +