

Dear Valued Client,

This Tax Organizer is designed to help you gather the tax information needed for Anderson to prepare your personal income tax return for 2016. If available, certain information from your 2015 return has already been completed to help you complete the organizer.

1. Complete the Tax Organizer
  - Enter all 2016 information. If any information does not apply to you or is incorrect, please draw a line through it or make necessary changes.
2. Gather your supporting documents and make copies.
  - See list below for examples.
  - Send the copies with your completed organizer and keep originals.
3. Submit the Tax Organizer, and any supporting documentation, using one of these methods:
  - Upload to your Box account [<https://andersonadvisors.app.box.com/>], then notify your coordinator.
  - Fax: 702.664.0547.

*Note: To ensure your privacy, please do not submit your Tax Organizer or supporting documents via email.*

The following are examples of supporting documentation:

- Forms W-2 for wages, salaries, tips, and gambling winnings.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, social security, state or local refunds, etc.
- Brokerage statements showing investment transactions for stocks, bonds, options, etc.
- Schedule K-1 from partnerships, S-corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage for the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions, including any Form 1098-C.
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by Anderson.

In your Tax Organizer, all social security numbers and bank account numbers have been concealed to protect your privacy. If you need to change or update your social security number or bank account information, please contact our Tax Department. Do not indicate social security number or bank account changes in the organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to our Tax Department immediately.

The IRS does not send out unsolicited e-mails nor make unsolicited phone calls requesting or demanding personal information or immediate payment. Such authentic looking e-mails are called “phishing” emails and responding may expose you to identity theft. If you receive such emails, forward a copy to the IRS at [phishing@irs.gov](mailto:phishing@irs.gov). Please do not respond to the email. You may also contact our office regarding any written or electronic correspondence or phone calls that you receive from the IRS.

In order to make the filing deadline for your 2016 income tax return, your completed organizer and backup documents should be in our office **no later than March 15th, 2017** to avoid any expedite fees (Please review Client Statement for more details). Any information received after that date may require an extension to be filed for your return. Also, based on the complexity of your return an extension may need to be filed. Anderson will file your extension when necessary. You are responsible for paying any tax due to the IRS by April 18, 2017 in order to avoid certain late penalties and interest even if an extension has been or will be filed.

Your Client Coordinator is available to assist should you have any questions regarding the Tax Organizer, uploading information to Box, or the preparation process. Please call or email your Client Coordinator at 800.706.4741 ext. 1003 or [taxcoordinators@andersonadvisors.com](mailto:taxcoordinators@andersonadvisors.com).

Thank You for choosing Anderson for your Asset Protection, Estate and Tax Planning needs.

Sincerely,

Anderson Advisors Tax Team



# 2016

## Tax Organizer for Individual Tax Returns 1040 Returns

Use this Organizer for Individual (or Married Filing Joint) Returns

***IMPORTANT***

*We will be unable to complete your tax return until we have received the completed tax organizer and required documentation including the client statement, payment information, corporate information & ownership information.*

Anderson Advisors  
3225 McLeod Drive, Suite 100  
Las Vegas, NV 89121  
Toll Free: 800.706.4741  
Local: 702.214.1100  
Fax: 702.664.0547

E-Mail: [taxcoordinators@andersonadvisors.com](mailto:taxcoordinators@andersonadvisors.com)  
Secure Online Upload Page: <https://andersonadvisors.com/upload-documents/>

# FAX COVER PAGE

Attention: Anderson Advisors - Tax Preparation Department

To: Anderson Advisors: 702.664.0547

Attention: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Total Number of Pages: \_\_\_\_\_ (including cover page)

THIS FAX INCLUDES THE FOLLOWING (Check all that apply)

Client Statement

Organizer for (Name \_\_\_\_\_)

Supporting Documents

Other

You may also upload all documents securely online at:  
<https://andersonadvisors.com/upload-documents/>

## CLIENT STATEMENT

In order to make the filing tax deadline, completed Tax Organizers and backup documents are due in our offices 30 days prior to the return deadline. Tax returns are prepared in the order this information is received. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, client will pay an expedite fee of \$150.00 for timely completion and if received in the final 2 weeks before the deadline, client will pay \$250.00 for timely completion. The due date for filing your income tax return is April 18, 2017. It may become necessary to apply for an extension of time to file your tax returns if there are unresolved issues, delays in processing, or if we do not receive all the necessary information from you on a timely basis. We will apply for an extension on all returns not filed with the taxing authorities within 3 business days of the filing deadline. All tax is still due and payable by the filing deadline.

The scope of work in connection with the preparation of your ("the Client") federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold Anderson Advisors liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, Anderson Advisors does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact Anderson Advisors. Anderson Advisors can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review any completed tax returns carefully. As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by Anderson Advisors with data provided by said client.

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All tax return preparation fees must be paid before the tax return can be electronically processed. Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, Anderson will electronically file the tax return.

By signing this document I acknowledge this statement and the dates below.

Signature:	
Name on Credit Card:	
Credit Card Number:	
Expiration Date:	Security Code:

By submitting this form, you are authorizing Anderson Advisors to send you an invoice electronically (via email or box.com) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

Would you like to use your prepaid tax package time for this return or have a quote prior to preparing your return?



Anderson Law Group, PLLC  
3225 McLeod Drive  
Las Vegas, NV 89121

Dear Valued Client

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2016 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Anderson Advisors Tax Team

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

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Anderson Law Group, PLLC  
3225 McLeod Drive  
Las Vegas, NV 89121

## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.



2016

2016 Tax Return Checklist

Client Name: .....

Current Year

**Income:**

- Wages (IRS W-2) .....
- Interest Income (IRS 1099-INT) .....
- Dividend Income (IRS 1099-DIV) .....
- Brokerage Statements (Form 1099-A,B,S) .....
- IRA/Pension/Annuity Income (IRS 1099R) .....
- Schedule K-1s (IRS K-1) .....
- Miscellaneous Income and Adjustments (IRS-1099-MISC, G) .....
- Rent and Royalty Income .....

**Itemized Deductions:**

- Medical/Dental Expenses .....
- Real Estate Taxes .....
- Property Taxes .....
- Mortgage Interest (Form 1098) .....
- Charitable Contributions .....

**Other:**

Estimated Tax Payments .....

\* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.

# Questions (Page 1 of 5)

The following questions pertain to the 2016 tax year. For any question answered Yes, include supporting detail or documents.

## Personal Information:

Yes No

Did your marital status change? \_\_\_\_\_

Are you married? \_\_\_\_\_

If Yes, do you and your spouse want to file separate returns? \_\_\_\_\_

If No, are you in a domestic partnership, civil union, or other state-defined relationship? \_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer? \_\_\_\_\_

Did you or your spouse serve in the military or were you or your spouse on active duty? \_\_\_\_\_

## Dependents:

Were there any changes in dependents from the prior year? \_\_\_\_\_

Note: Include non-child dependents for whom you provided more than half the support.

Did you or your spouse pay for child care while you or your spouse worked or looked for work? \_\_\_\_\_

Do you have any children under age 18 with unearned income more than \$1,050? \_\_\_\_\_

Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? \_\_\_\_\_

Did you adopt a child or begin adoption proceedings? \_\_\_\_\_

Are any of your dependents non-U.S. citizens or non-U.S. residents? \_\_\_\_\_

## Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? \_\_\_\_\_

If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemptions apply.

Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? \_\_\_\_\_

Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? \_\_\_\_\_

Did you apply for an exemption through the Marketplace? \_\_\_\_\_

If Yes, provide the Exemption Certificate Number. \_\_\_\_\_

Are any of your dependents required to file a tax return? \_\_\_\_\_

## Questions (Page 2 of 5)

### Healthcare (continued):

**Yes    No**

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_ \_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_ \_\_\_\_\_

If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  
If you received a distribution from an HSA, include all Forms 1099-SA. \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  
If you received a distribution from an MSA, include all Forms 1099-SA. \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse receive any distributions from long-term care insurance contracts?  
If Yes, include Form 1099-LTC. \_\_\_\_\_ \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? \_\_\_\_\_ \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? \_\_\_\_\_ \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? \_\_\_\_\_ \_\_\_\_\_

### Education:

Did you or your spouse pay any student loan interest? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? \_\_\_\_\_ \_\_\_\_\_

If Yes, include all Forms 1099-Q.

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_ \_\_\_\_\_

### Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse make any large purchases, such as motor vehicles and boats? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? \_\_\_\_\_ \_\_\_\_\_

## Questions (Page 3 of 5)

### Investments:

**Yes    No**

Did you or your spouse have any debts canceled, forgiven or refinanced? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate? \_\_\_\_\_ \_\_\_\_\_

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse engage in any put or call transactions? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the transaction details.

Did you or your spouse close any open short sales? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse sell any securities not reported on Form 1099-B? \_\_\_\_\_ \_\_\_\_\_

### Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse retire or change jobs? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation? \_\_\_\_\_ \_\_\_\_\_

If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

### Personal Residence:

Did your address change? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse claim a homebuyer credit for a home purchased in 2008? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? \_\_\_\_\_ \_\_\_\_\_

Are your total mortgages on your first and/or second residence greater than \$1,000,000? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_

Did you or your spouse take out a home equity loan? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse have an outstanding home equity loan at the end of the year? \_\_\_\_\_ \_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? \_\_\_\_\_ \_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments? \_\_\_\_\_ \_\_\_\_\_

If Yes, include all Forms 1098-MA.

## Questions (Page 4 of 5)

### Sale of Your Home:

Yes No

Did you sell your home? \_\_\_\_\_

Did you receive Form 1099-S? \_\_\_\_\_

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? \_\_\_\_\_

Did you or your spouse ever rent out the property? \_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes? \_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years? \_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Both

### Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? \_\_\_\_\_

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? \_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount? \_\_\_\_\_

Did you or your spouse have a life insurance trust? \_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? \_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity? \_\_\_\_\_

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? \_\_\_\_\_

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? \_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust? \_\_\_\_\_

Did you or your spouse own any foreign financial assets? \_\_\_\_\_

## Questions (Page 5 of 5)

### Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

\_\_\_\_\_

\_\_\_\_\_

Did you or your spouse receive unreported tip income of \$20 or more in any month?

\_\_\_\_\_

\_\_\_\_\_

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?

\_\_\_\_\_

\_\_\_\_\_

Did you or your spouse engage in any bartering transactions?

\_\_\_\_\_

\_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

\_\_\_\_\_

\_\_\_\_\_

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

\_\_\_\_\_

\_\_\_\_\_

**Additional state pages have been included at the back of the organizer and should be reviewed.**



# Personal Information

**Taxpayer:**

_____ First Name and Initial		_____ Last Name		_____ Social Security Number
_____ Occupation		_____ Date of Birth (Mo/Da/Yr)	_____ Date of Death (Mo/Da/Yr)	
_____ Driver's License or State-Issued ID Number		_____ Issue Date (Mo/Da/Yr)	_____ Expiration Date (Mo/Da/Yr)	_____ State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification		

**Spouse:**

_____ First Name and Initial		_____ Last Name		_____ Social Security Number
_____ Occupation		_____ Date of Birth (Mo/Da/Yr)	_____ Date of Death (Mo/Da/Yr)	
_____ Driver's License or State-Issued ID Number		_____ Issue Date (Mo/Da/Yr)	_____ Expiration Date (Mo/Da/Yr)	_____ State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification		

**Contact Information:**

_____ Street Address			_____ Apartment Number
_____ City		_____ State	_____ ZIP or Postal Code
_____ Foreign Province or County			
_____ Foreign Country			
_____ Taxpayer Daytime/Work Phone	_____ Taxpayer Evening/Home Phone	_____ Taxpayer Foreign Phone	
_____ Taxpayer Cell Phone	_____ Taxpayer Fax Number		
_____ Spouse Daytime/Work Phone	_____ Spouse Evening/Home Phone	_____ Spouse Foreign Phone	
_____ Spouse Cell Phone	_____ Spouse Fax Number		
_____ Taxpayer Email Address			
_____ Spouse Email Address			
_____ Preferred Method of Contact			

May the IRS or other taxing authority discuss the return with the preparer? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is the taxpayer claimed as a dependent on someone else's tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Taxpayer		<input type="checkbox"/> Spouse	
Are you considered legally blind per IRS regulations? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to contribute to the Presidential Election Campaign Fund? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a U.S. citizen or Green Card holder? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Identification Numbers:  Code - 1 - Issued by IRS     2 - Issued by State or City

TS	State	City	Code	PIN

**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?

	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries:

Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2015, your account information may already be included below.

Would you like any refunds owed to you directly deposited? Yes No

Would you like to pay any amount due on your federal return using electronic withdrawal? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?

Name of bank or financial institution Routing Transit Number (RTN) Account number

Type of account: Checking Archer MSA Savings Traditional Savings Coverdell Ed. Savings IRA Savings HSA Savings myRA

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? Yes No

Would you like to pay any amount due on your federal return using electronic withdrawal? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? If Yes, what amount would you like withdrawn, if not the entire balance due? If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?

Name of bank or financial institution Routing Transit Number (RTN) Account number

Type of account: Checking Archer MSA Savings Traditional Savings Coverdell Ed. Savings IRA Savings HSA Savings myRA

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2016

# Interest Income and Foreign Information

5A

Include all Forms 1099-INT or other documents for interest received

(List all items sold during the year on Form 7.)

Interest Income:

Special Interest Code:                      2 - Seller Financed    3 - Early Withdrawal Penalty    5 - Accrued Interest                      7 - Amortizable Bond  
 1 - Qualified Educational Series EE Bonds    Mortgage Interest    4 - Nominee Interest                      6 - Original Issue Discount Adjustment    Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code:    1 - 1099-INT    2 - Private Activity Bond    3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2015 Interest Amount
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2016, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2016, whether or not you had any beneficial interest in it?



# Dividend Income and Foreign Information

2016

Dividend Income: Include all Forms 1099-DIV or other documents for dividends received  
(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2015 Gross Dividends Amount
A					
B					
C					
D					
E					

Tax-Exempt Interest Code:  
 1 - 1099-DIV  
 2 - Private Activity Bonds  
 3 - Both

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

### Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

### Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2016, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2016, whether or not you had any beneficial interest in it?  Yes  No



2016

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_

Employer ID number \_\_\_\_\_

Street address \_\_\_\_\_

City, state, ZIP or postal code, and country \_\_\_\_\_

Method of inventory \_\_\_\_\_

Method of accounting \_\_\_\_\_

Business Questions for 2016:

Did you dispose of this business? .....	Yes	No
If Yes, what was the disposition date? ..... (Mo/Da/Yr) _____		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? .....		
Were you involved in the operations of this business on a regular, continuous and substantial basis? .....		
Have you prepared or will you prepare all required Forms 1099? .....		

2016 Amount

Health insurance premiums paid for yourself and your dependents .....

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2016 Amount

Miscellaneous income:

Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales .....

Less returns and allowances .....

Cost of Goods Sold:

2016 Amount
-------------

Beginning inventory .....

Purchases less cost of items withdrawn for personal use .....

Cost of labor (do not include amounts paid to yourself) .....

Materials and supplies .....

Other costs of goods sold:

Description	2016 Amount

Ending inventory .....



2016

# Business Expenses

6C

Name of Business: \_\_\_\_\_  
Principal Business or Profession: \_\_\_\_\_

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

	2016 Amount
Parking fees and tolls .....	
Local transportation .....	
Travel expenses .....	
Meals and entertainment .....	

Other Business Expenses:

Description	2016 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	2016 Amount
Amount received for other expenses	
Amount received for meals and entertainment	

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

	2016
Total miles .....	
Total business miles .....	
Average daily commuting miles .....	
Total commuting miles for the year .....	
Gasoline and oil .....	
Repairs .....	
Insurance .....	
Interest .....	
Taxes .....	
Value of employer provided vehicle .....	
Temporary vehicle rentals .....	
Fair market value of leased vehicle .....	
Vehicle leases .....	

Other Vehicle Expenses:

Description	2016 Amount



2016

# Business Use of Home

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business \_\_\_\_\_

Total square footage of home \_\_\_\_\_

Total hours home was used for day care during the year \_\_\_\_\_

2016	

Yes	No

Was your home used for day care purposes for the entire year? \_\_\_\_\_

Were improvements made to the home and/or home office since the time you began using the home for business? \_\_\_\_\_

Expenses:

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount		2016 Amount	
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2016 Amount		2016 Amount	

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Sales of Stocks, Securities, Capital Assets & Installment Sales

### Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Debts that became uncollectible		
Securities that became worthless		
Sale of any property where you will receive payments in future years		

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

### Installment Sales:

Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2016 Principal Received





Pensions and Annuities:

Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2016 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2015 Gross Distributions

Self-Employed Retirement Plan:

Include copies of all Forms 1099-R

	Taxpayer		Spouse	
Have you established a self-employed retirement or SIMPLE plan with deductible contributions? . . . . .	Yes	No	Yes	No
Do you want to contribute the maximum amount allowed? . . . . .				
Contributions to:	2016 Amount		2016 Amount	
Simplified employee pension plan . . . . .				
Defined benefit plan . . . . .				
Defined contribution plan . . . . .				
SIMPLE plan . . . . .				



Location of Property: \_\_\_\_\_

TSJ. ....

Type of property. ....

Have you prepared or will you prepare all required Forms 1099?  Yes  No

Ownership percentage if not 100% .....	2016
How many days was this property rented at fair market value? .....	%
How many days was this property used personally (including use by family members)? .....	

**Income:**

Rents received. ....	2016 Amount
Royalties received .....	

Payment card and third party transactions:  Include all Forms 1099-K

Description	2016 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2016 Amount

Other income:

Description	2016 Amount







# Partnership and S Corporation Business Expenses

2016

Activity Name: \_\_\_\_\_

Business Expenses:

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

	2016 Amount
Parking fees and tolls .....	
Local transportation .....	
Travel expenses .....	
Meals and entertainment .....	
Other Business Expenses:	

Description	2016 Amount

Reimbursements:

	2016 Amount
Amount received for other expenses .....	
Amount received for meals and entertainment .....	

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2016
Total miles .....	
Total business miles .....	
Average daily commuting miles .....	
Total commuting miles for the year .....	
Gasoline and oil .....	
Repairs .....	
Insurance .....	
Interest .....	
Taxes .....	
Value of employer provided vehicle .....	
Temporary vehicle rentals .....	
Fair market value of leased vehicle .....	
Vehicle leases .....	

Other Vehicle Expenses:

Description	2016 Amount



# Miscellaneous Income, Adjustments and Alimony

2016

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

### Miscellaneous Income and Adjustments:

	TSJ _____	TSJ _____
	2016 Amount	2016 Amount
Unemployment compensation received . . . . .		
Unemployment compensation repaid in 2016 . . . . .		
Social security benefits received . . . . .		
Social security benefits repaid in 2016 . . . . .		
Medicare premiums withheld . . . . .		
Tier 1 railroad retirement benefits received . . . . .		
Tier 1 railroad retirement benefits repaid in 2016 . . . . .		
Total lump sum social security received . . . . .		
Lump sum taxable social security . . . . .		
Other federal withholding . . . . .		
Other state withholding . . . . .		

### State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

### Other Income:

TSJ	Nature and Source	2016 Amount

### Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2016 Amount



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2016 Amount

Health Savings Accounts (HSAs)

TS	Description	2016 Amount
	Contributions made for 2016	
	Distributions received from all HSAs in 2016	

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? 

Yes

No

Were all distributions from your HSA for unreimbursed medical expenses? 



Did you or your spouse enroll in Medicare? 



If Yes, what month did you enroll? \_\_\_\_\_

What month did your spouse enroll? \_\_\_\_\_

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2016 Amount





Medical and Dental Expenses:

Prescription medicines and drugs . . . . .

Total medical insurance premiums paid \* . . . . .

Long-term care expenses . . . . .

Total insurance reimbursement . . . . .

Number of miles traveled for medical care . . . . .

Lodging . . . . .

Doctors, dentists, etc. . . . .

Hospitals . . . . .

Lab fees . . . . .

Eyeglasses and contacts . . . . .

TSJ	2016 Amount

2016 Amount

Taxpayer long-term care insurance premiums paid . . . . .

Spouse long-term care insurance premiums paid . . . . .

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2016 Amount

Taxes Paid:

Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) . . . . .

General sales taxes paid on specified items . . . . .

TSJ	2016 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2016 Amount

Other Taxes Paid:

TSJ	Description	2016 Amount

If you purchased or sold your home in 2016, did you include any taxes from your closing statement in the amounts above?

Yes  No



2016

Mortgage Questions for 2016:

		Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . . .		<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____			
Did you purchase a new home or sell your former home during the year? . . . . .		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.			
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .		<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount
		Yes	No	

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2016 Amount
	Name	Address		

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount
		Yes	No	

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2016 Amount



# Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2016 Amount

TSJ	Conservation Real Property	2016 Amount
	100% limit	
	50% limit	

TSJ	Description	2016 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations	

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2016 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ . . . . . \_\_\_\_\_  
Description of the donated property . . . . . \_\_\_\_\_

Donee organization name . . . . . \_\_\_\_\_

Donee organization address . . . . . \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property . . . . .

Fair market value of the donated property . . . . .

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal       Thrift shop value       Catalog       Comparable sale

Other - please explain . . . . . \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase       Gift       Inheritance       Exchange



Miscellaneous Itemized Deductions:

Union and professional dues . . . . .

Tax preparation fee . . . . .

Professional subscriptions . . . . .

Hobby expense (To extent of income) . . . . .

Safe deposit box . . . . .

Uniforms and protective clothing . . . . .

Work tools . . . . .

Gambling losses . . . . .

Estate taxes . . . . .

TSJ	2016 Amount

Other Itemized Deductions:

Examples: \_

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2016 Amount

Casualty or Theft Loss:

TSJ . . . . . \_\_\_\_\_

Property description . . . . . \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use   
  Business use   
  Income producing   
  Employee Use   
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired . . . . . (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost . . . . . (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis . . . . .

Fair market value before casualty . . . . .

Fair market value after casualty . . . . .

Cost of replacement . . . . .

Insurance reimbursement . . . . .



# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Expenses:

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2016 Amount
Parking fees and tolls	
Local transportation	
Travel expenses	
Meals and entertainment	
Other Business Expenses:	

Description	2016 Amount

Reimbursements:

	2016 Amount
Amount received for other expenses	
Amount received for meals and entertainment	

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

	2016
Total miles	
Total business miles	
Average daily commuting miles	
Total commuting miles for the year	
Gasoline and oil	
Repairs	
Insurance	
Taxes	
Value of employer provided vehicle	
Temporary vehicle rentals	
Fair market value of leased vehicle	
Vehicle leases	

Other Vehicle Expenses:

Description	2016 Amount



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2015 but paid in 2016 .....  
Employer-provided dependent care benefits that were forfeited in 2016 .....  
2015 carryover used in grace period .....

### Child/Dependent Care Providers:

Provider 1:

Name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

	2016 Amount
Expenses incurred and paid in 2016 .....	
Expenses incurred and not paid in 2016 .....	

Provider 2:

Name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

	2016 Amount
Expenses incurred and paid in 2016 .....	
Expenses incurred and not paid in 2016 .....	

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2016 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2016 Qualified Expenses



Refund Application:

If you have an overpayment of 2016 taxes, do you want the excess:

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2017 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

2016 1st Quarter Estimate .....	(Due 04-18-2016)
2016 2nd Quarter Estimate .....	(Due 06-15-2016)
2016 3rd Quarter Estimate .....	(Due 09-15-2016)
2016 4th Quarter Estimate .....	(Due 01-17-2017)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 overpayment applied to 2016 estimate

Tax Planning Information for Tax Year 2017:

Do you expect any of the following to occur in 2017?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2016

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ ____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate .....		
2016 2nd Quarter Estimate .....		
2016 3rd Quarter Estimate .....		
2016 4th Quarter Estimate .....		

If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax liability?  Yes  No

2015 overpayment applied to 2016 estimate .....

Balance of prior year(s)' tax paid in 2016 plus amount paid with 2015 extensions .....

Estimated tax payments for 2015 paid in 2016 .....

## State and City Estimated Tax Payments:

TSJ ____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate .....		
2016 2nd Quarter Estimate .....		
2016 3rd Quarter Estimate .....		
2016 4th Quarter Estimate .....		

If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax liability?  Yes  No

2015 overpayment applied to 2016 estimate .....

Balance of prior year(s)' tax paid in 2016 plus amount paid with 2015 extensions .....

Estimated tax payments for 2015 paid in 2016 .....

## State and City Estimated Tax Payments:

TSJ ____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate .....		
2016 2nd Quarter Estimate .....		
2016 3rd Quarter Estimate .....		
2016 4th Quarter Estimate .....		

If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax liability?  Yes  No

2015 overpayment applied to 2016 estimate .....

Balance of prior year(s)' tax paid in 2016 plus amount paid with 2015 extensions .....

Estimated tax payments for 2015 paid in 2016 .....

