

# 2016 Tax Organizer

OSGroup is pleased to present your personalized 2016 individual tax organizer. If completed, this document will help organize all the information we need in order to accurately and efficiently prepare your 2016 tax return. The goal of the organizer is to help identify all reportable income and possible legitimate tax deductions.

**If complete information is returned to us by March 17, 2017, we will make every effort to complete your tax returns by the due date of April 18, 2017. This date is extremely important to us as we use this date to plan our resources and manage tax season as effectively as possible. Information submitted after March 17, 2017 will subject your return to an automatic extension.**

When the organizer is complete, please call to make an appointment. Alternatively, you may wish to mail or deliver the information to our office. Portal users may upload documents. If you do not complete the organizer, please deliver all your tax documents, reporting forms (1099s, 1098s, and W-2s), the questionnaire section, and engagement letter to our office.

If we have an *email address* on file for you, we can deliver your tax return(s) electronically through our web portal. This is consistent with our evolving industry standards and adds convenience for you. If you still wish to receive paper, *please notify us*. Portal access can be found at [www.osgroupcpas.com](http://www.osgroupcpas.com). A “forgot your password” feature is also available on our website for clients that may have forgotten their password.

You should consider paying all income taxes (return balances and estimated vouchers) using the IRS and State's electronic payment services. Massachusetts requires electronic payment on amounts due over \$5,000.

For electronic tax payments go to:

|               |                                                                                                                               |
|---------------|-------------------------------------------------------------------------------------------------------------------------------|
| Federal       | <a href="http://www.eftps.gov/">http://www.eftps.gov/</a>                                                                     |
| Massachusetts | <a href="https://wfb.dor.state.ma.us/webfile/">https://wfb.dor.state.ma.us/webfile/</a>                                       |
| New Hampshire | <a href="https://www.efilenh.govconnect.com/web/introduction.asp">https://www.efilenh.govconnect.com/web/introduction.asp</a> |

We request that you sign the enclosed Engagement Letter.

We sincerely appreciate the opportunity to represent you and we endeavor to provide you with prompt and conscientious service.

Sincerely,



**OSGroup**  
CPAs & Business Advisors

6 Mary E Clark Drive, Unit 6, Hampstead, NH 03841



603.329.6408



603.329.6409

w w w . o s g r o u p c p a s . c o m

## E n g a g e m e n t   L e t t e r   f o r   T a x   S e r v i c e s

OSGroup is pleased to offer the following information about the completion of your tax work. We ask that this Engagement Letter be signed and dated by at least one person.

We will prepare your Federal and State income tax returns for 2016 from information that you provide (see the accompanying organizer). We will neither audit nor verify this data, although we may ask you to clarify some of it. We will use our judgment to resolve questions in your favor where the tax law is unclear or where there are conflicts between the taxing authorities' interpretation of the law and other supportable positions. OSGroup conducts tax practices in conformity with guidelines from the AICPA Tax Division and the Department of Treasury Circular 230.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or circumstances of these penalties, please contact us. OSGroup will continue to file state tax returns in the states that you notify us regarding the origination of your income. If you wish to have us review the sourcing rules of your income and if you owe income tax to any other state(s), please request this service.

It is your responsibility to inform us if you directly or indirectly hold any interest or signatory authority in any assets located in a foreign country. We will assist you to determine if any additional filing requirements are necessary which may include FBAR and/or FATCA forms. Failure to report foreign assets may result in significant civil and criminal penalties from the Department of Treasury.

Your returns, of course, are subject to examination or inquiry by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination or inquiry regarding your return, we will be available to represent you. Additional fees may be assessed for these services. OSGroup requests that you keep your financial records for seven years and copies of income tax returns *forever*. We purge our storage of tax returns and detail files every five years.

To enhance our services to you, we will use Sharefile by Citrix. A collaborative, virtual workspace in a protected, online environment, Sharefile allows real-time collaboration across geographic boundaries and time zones and allows OSGroup and you to share data, engagement information, knowledge, and deliverables in a protected environment. You agree that OSGroup has no responsibility for the activities of Sharefile and agree to indemnify and hold OSGroup harmless with respect to any and all claims arising from or related to the operation of Sharefile. While Sharefile backs up your files to a third party server, we recommend that you also maintain your own backup files. Furthermore, OSGroup cannot be held responsible for passwords stored on client's computers that may lead to unauthorized access to sensitive information.

We will also be available to answer your inquiries on specific tax matters and to consult with you on income and estate tax planning for the forthcoming year. The above services are not included in the tax preparation fee and will be billed at our standard rates.

For those of you who bring in this **completed** organizer to us by **March 17, 2017**, we will make every effort to complete your tax returns by the due date of April 18, 2017. For those of you who do not, or cannot get us complete information by **March 17, 2017**, we may need to put your return on automatic extension. The IRS allows an automatic extension to October 15, 2017. If an extension of time is required, any tax due with the return must be paid with the extension on **April 18, 2017**. Any amounts not paid by filing deadline may be subject to interest and late payment penalties by taxing authorities.

You have the final responsibility for all income tax returns and, therefore, you should review them carefully before you sign. You will sign your return under penalties of perjury as required by the Internal Revenue Service. The statement above the signature section on form 1040 reads: "Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete."

If this letter defines the arrangements, as you understand them, please sign and date the enclosed copy and return it to us. If the engagement is performed without our having received a signed copy of this letter, and without our having received written notice from you that our understanding as expressed in this letter is inconsistent with yours, then we will rely on the contents of this letter in performing this engagement.

This letter constitutes the complete and exclusive statement of the agreement between you and OSGroup, superseding all other communication, with respect to the terms of the engagement, between the parties, under the laws of New Hampshire.

I (we) have provided, to the best of my (our) knowledge and belief, correct information, which includes all income, deductions, and other information necessary for the preparation of my (our) income tax returns. I (we) understand that my (our) completed return will be available to me (us) upon payment of the related invoice. Spouses have individual rights to request separate copies of returns.

We sincerely appreciate this opportunity in preparing your 2016 income tax.

\_\_\_\_\_  
Taxpayer's signature

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

# 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 \_\_\_\_\_

Driver's License     State-Issued ID     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 \_\_\_\_\_

Driver's License     State-Issued ID     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? ..... 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Is the taxpayer claimed as a dependent on someone else's tax return? ..... 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Are you considered legally blind per IRS regulations? ..... 

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Taxpayer                 |                          | Spouse                   |                          |
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you want to contribute to the Presidential Election Campaign Fund? ..... 

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you a U.S. citizen or Green Card holder? ..... 

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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.



# Dependents and Wages

### 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 Withdrawal

## 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? .....                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <b>Yes</b> | <b>No</b> |
| Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| 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 <i>state</i> return(s) using electronic withdrawal? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| 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 <i>federal</i> return using electronic withdrawal? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? ..... | <input type="checkbox"/> | <input type="checkbox"/> |            |           |

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

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

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? .....                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <b>Yes</b> | <b>No</b> |
| Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| 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 <i>state</i> return(s) using electronic withdrawal? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| 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 <i>federal</i> return using electronic withdrawal? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |            |           |
| Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? ..... | <input type="checkbox"/> | <input type="checkbox"/> |            |           |

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

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

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

# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ          | Name of Payer | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | Box 2a<br>Total Capital<br>Gain Distribution | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|----------------------------------------------|------------------------------------------------------|
| A            |               |                                       |                                  |                                              |                                                      |
| B            |               |                                       |                                  |                                              |                                                      |
| C            |               |                                       |                                  |                                              |                                                      |
| D            |               |                                       |                                  |                                              |                                                      |
| E            |               |                                       |                                  |                                              |                                                      |
| F            |               |                                       |                                  |                                              |                                                      |
| G            |               |                                       |                                  |                                              |                                                      |
| H            |               |                                       |                                  |                                              |                                                      |
| I            |               |                                       |                                  |                                              |                                                      |
| J            |               |                                       |                                  |                                              |                                                      |
| K            |               |                                       |                                  |                                              |                                                      |
| L            |               |                                       |                                  |                                              |                                                      |
| M            |               |                                       |                                  |                                              |                                                      |
| N            |               |                                       |                                  |                                              |                                                      |
| <b>Total</b> |               |                                       |                                  |                                              |                                                      |

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

| Code         | Tax-Exempt<br>Interest | 2015 Gross<br>Dividends<br>Amount |
|--------------|------------------------|-----------------------------------|
| A            |                        |                                   |
| B            |                        |                                   |
| C            |                        |                                   |
| D            |                        |                                   |
| E            |                        |                                   |
| F            |                        |                                   |
| G            |                        |                                   |
| H            |                        |                                   |
| I            |                        |                                   |
| J            |                        |                                   |
| K            |                        |                                   |
| L            |                        |                                   |
| M            |                        |                                   |
| N            |                        |                                   |
| <b>Total</b> |                        |                                   |

## Enter Any Additional Information:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

Note: List all items sold during the year on Form 7.



2016

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ ..... \_\_\_\_\_  
 Title of filer ..... \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts ..... \_\_\_\_\_

## Foreign Identification:

| Yes | No |
|-----|----|
|     |    |
|     |    |

Passport .....  
 Foreign TIN .....  
 If not passport or TIN, enter description ..... \_\_\_\_\_  
 Number ..... \_\_\_\_\_  
 Country of issue ..... \_\_\_\_\_

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|
| A            |                                 |                       |                |                            |
| B            |                                 |                       |                |                            |

| Street Address | City |
|----------------|------|
| A              |      |
| B              |      |

| State | ZIP/Postal Code | Country |
|-------|-----------------|---------|
| A     |                 |         |
| B     |                 |         |

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

| Last Name or Organization Name | First Name | Middle Initial | Suffix | Taxpayer ID Number |  |
|--------------------------------|------------|----------------|--------|--------------------|--|
| A                              |            |                |        |                    |  |
| B                              |            |                |        |                    |  |

| # of Joint Owners | Street Address | City |
|-------------------|----------------|------|
| A                 |                |      |
| B                 |                |      |

1 - No financial interest    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

| State | ZIP/Postal Code | Country | Owner-ship Code | Filer's Title |
|-------|-----------------|---------|-----------------|---------------|
| A     |                 |         |                 |               |
| B     |                 |         |                 |               |

1 - Deposit    2 - Custodial

| Type | Foreign Currency | Exchange Rate | Source of Exchange | Acct Open | Acct Closed | Joint | No Tax Items Reported |
|------|------------------|---------------|--------------------|-----------|-------------|-------|-----------------------|
| A    |                  |               |                    |           |             |       |                       |
| B    |                  |               |                    |           |             |       |                       |



2016

# Foreign Assets

5D

### Asset Information:

| Description | Identifying Number | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Jointly Owned | No Tax Items Reported |
|-------------|--------------------|--------------------------|----------------------|---------------|-----------------------|
|             |                    |                          |                      |               |                       |

  

| Value | Foreign Currency | Exchange Rate | Source of Exchange Rate |
|-------|------------------|---------------|-------------------------|
|       |                  |               |                         |

### If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

| Name of Foreign Entity | Type of Foreign Entity | Mailing Address of Foreign Entity |
|------------------------|------------------------|-----------------------------------|
|                        |                        |                                   |

  

| City or Town of Foreign Entity | Province, County or State of Foreign Entity | Country of Foreign Entity | Postal Code of Foreign Entity |
|--------------------------------|---------------------------------------------|---------------------------|-------------------------------|
|                                |                                             |                           |                               |

### If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

| Name of Issuer | Issuer Code | Type of Issuer | Residence of Issuer |
|----------------|-------------|----------------|---------------------|
|                |             |                |                     |
|                |             |                |                     |
|                |             |                |                     |

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

| Mailing Address of Issuer | City or Town of Issuer |
|---------------------------|------------------------|
|                           |                        |
|                           |                        |
|                           |                        |

  

| Province, County or State of Issuer | Country of Issuer | Postal Code of Issuer |
|-------------------------------------|-------------------|-----------------------|
|                                     |                   |                       |
|                                     |                   |                       |
|                                     |                   |                       |

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Foreign assets were acquired or sold during the tax year .....

### 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?

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?



# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

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

Include all Forms 1099-A, 1099-B, 1099-MISC, 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                                         |     |    |
| Securities which became worthless                                                                                                                          |     |    |

|   | Kind of Property and Description | Gross Sales Price (Less Commissions) | Cost or Other Basis |
|---|----------------------------------|--------------------------------------|---------------------|
| A |                                  |                                      |                     |
| B |                                  |                                      |                     |
| C |                                  |                                      |                     |
| D |                                  |                                      |                     |

|   | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------|----------------------|----------------------|--------------------|
| A |                          |                      |                      |                    |
| B |                          |                      |                      |                    |
| C |                          |                      |                      |                    |
| D |                          |                      |                      |                    |

## Other Income:

| Nature and Source | 2016 Amount | 2015 Amount |
|-------------------|-------------|-------------|
|                   |             |             |
|                   |             |             |

## Other Adjustments to Income:

| Nature and Source | 2016 Amount | 2015 Amount |
|-------------------|-------------|-------------|
|                   |             |             |
|                   |             |             |

## Investment Interest Expense:

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

| Paid To | 2016 Amount | 2015 Amount |
|---------|-------------|-------------|
|         |             |             |
|         |             |             |

## 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

# Business Income and Cost of Goods Sold

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:

|                                                                                                                | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you dispose of this business? _____                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____                                           | <input type="checkbox"/> | <input type="checkbox"/> |

| 2016 Amount | 2015 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 | 2015 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 | 2015 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 | 2015 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Ending inventory \_\_\_\_\_







# Business Use of Home

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

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

**Partial Use of Your Home for Business:**

|                                                              | 2016 | 2015 |
|--------------------------------------------------------------|------|------|
| Square footage of home used exclusively for business .....   |      |      |
| Total square footage of home .....                           |      |      |
| Total hours home was used for day care during the year ..... |      |      |

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

|     |
|-----|
| Yes |
|     |

|    |
|----|
| No |
|    |

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

|     |
|-----|
| Yes |
|     |

|    |
|----|
| No |
|    |

**Expenses:** Enter all expenses at 100 percent

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     | 2015 Amount | 2016 Amount       | 2015 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     | 2015 Amount | 2016 Amount       | 2015 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 |
|-------------------------------------------------------|-------------------------------------|----------------------------------------------------------|
|                                                       |                                     |                                                          |





2016

# Pension, Annuity and Retirement Plan Information

9A

**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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

| Taxpayer                 |                          | Spouse                   |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

| 2016 Amount | 2016 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |



# Rental and Royalty Income

**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% . . . . . \_\_\_\_\_ %  
How many days was this property rented at fair market value? . . . . . \_\_\_\_\_  
How many days was this property used personally (including use by family members)? . . . . . \_\_\_\_\_

| 2016 | 2015 |
|------|------|
|      |      |
|      |      |
|      |      |

**Income:**

Rents received . . . . . \_\_\_\_\_  
Royalties received . . . . . \_\_\_\_\_

| 2016 Amount | 2015 Amount |
|-------------|-------------|
|             |             |
|             |             |

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

| Description | 2016 Amount | 2015 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income:  Include all Forms 1099-MISC

| Description | 2016 Amount | 2015 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Other income:

| Description | 2016 Amount | 2015 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |



# Miscellaneous Income, Adjustments and Alimony

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 | 2015 Amount | 2016 Amount | 2015 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 | 2015 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Alimony Paid or Received:**

| TSJ | Recipient's Name | Recipient's Social Security No. | Alimony Received? | 2016 Amount | 2015 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 | 2015 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

| 2016 Amount | 2015 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 | 2015 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 | 2015 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2016 Amount | 2015 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

Other Taxes Paid:

| TSJ | Description | 2016 Amount | 2015 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



Mortgage Questions for 2016:

|                                                                                                                                                                                                                                                           |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                           | <b>Yes</b>               | <b>No</b>                |
| 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<br>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<br>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 | 2015 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

Other Home Mortgage Interest Paid:

| TSJ | Paid To |         | ID Number | 2016 Amount | 2015 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2016 Amount | 2015 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2016 Amount | 2015 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |

Investment Interest Expense:

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

| TSJ | Paid To | 2016 Amount | 2015 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 | 2015 Amount |
|-----|---------------------------------------------|-------------|-------------|
|     |                                             |             |             |
|     |                                             |             |             |
|     |                                             |             |             |
|     |                                             |             |             |
|     |                                             |             |             |
|     |                                             |             |             |
|     |                                             |             |             |
|     |                                             |             |             |
|     |                                             |             |             |

| TSJ | Conservation Real Property | 2016 Amount | 2015 Amount |
|-----|----------------------------|-------------|-------------|
|     | 100% limit                 |             |             |
|     | 50% limit                  |             |             |

| TSJ | Description                                                                               | 2016 Miles | 2015 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 | 2015 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 | 2015 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

**Other Itemized Deductions:**

**Examples:**

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

| TSJ | Description | 2016 Amount | 2015 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 .....



# Federal Tax Payments

## Refund Application:

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

Refunded .....  Yes  No  
 Applied to your 2017 estimated tax liability  Yes  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?

|                                                 | Yes                      | 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 _____<br>State/City _____ |                                            |             |
|-------------------------------|--------------------------------------------|-------------|
| Amount Due                    | Date Paid<br>if Not Date Due<br>(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 _____<br>State/City _____ |                                            |             |
|-------------------------------|--------------------------------------------|-------------|
| Amount Due                    | Date Paid<br>if Not Date Due<br>(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 _____<br>State/City _____ |                                            |             |
|-------------------------------|--------------------------------------------|-------------|
| Amount Due                    | Date Paid<br>if Not Date Due<br>(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 .....