

2016 INCOME TAX RETURN

Filing Status: Single Married Filing Joint Qualifying Widow(er)¹ Head of Household² Married Filing Separate

In year 2016 only: Married (date: _____) Divorced (date: _____) Death—Taxpayer/Spouse (date: _____)

TAXPAYER				SPOUSE			
Name	_____	Name	_____				
Occupation	_____	Occupation	_____				
SSN	_____	Date of Birth	_____	SSN	_____	Date of Birth	_____
Home Phone	_____	Disabled	<input type="checkbox"/>	Home Phone	_____	Disabled	<input type="checkbox"/>
Work Phone	_____	Blind	<input type="checkbox"/>	Work Phone	_____	Blind	<input type="checkbox"/>
Cell Phone	_____			Cell Phone	_____		
Best Time to Call	_____			Best Time to Call	_____		
Email	_____	Fax	_____	Email	_____	Fax	_____
Address	_____			County	_____		
City	_____	State	_____	Zip Code	_____		
Address on Last Year's Tax Return (if different)	_____			Date Address Changed	_____		

¹ All of the following must apply: your spouse died in 2014 or 2015; in that year you qualified to file jointly; you did not remarry before January 1, 2017 and you paid over half the cost of maintaining your home, which was your dependent child's (or stepchild's) main home for the entire year.

² Must be unmarried (or considered unmarried) at the end of the tax year, and maintain a home that for more than half of the tax year is the principal home of a qualifying person (generally your child or relative). You may be considered unmarried if your spouse did not live in your home during the last six months of the tax year. If you are maintaining the household of a parent, the parent does not need to live with you to qualify.

Personal Income Tax Organizer and Deduction Finder[®]

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CHECKLIST

Documents needed in addition to your completed organizer:

- 1) All Forms W-2 (wages), 1095, 1098 and 1099 (such as 1099-INT for interest, 1099-DIV for dividends, 1099-B for sale of securities, 1099-R for annuities, pensions, IRA or other retirement plan withdrawals, 1099-G for state tax refunds, 1099-S for real estate sales, SSA-1099 for Social Security, 1099-G for unemployment compensation, 1099-K for merchant card and third-party network payments and 1099-MISC for commissions and fees, etc.). Include all copies.
 - 2) Copies of Schedules K-1 for partnerships, S corporations, estates or trusts. (**Note:** You do not need these documents to make your tax appointment. You can provide them at a later date.)
 - 3) If you sold real estate, stock or mutual fund shares during the year, see STEP 4.
 - 4) If you acquired, sold or refinanced a home or other property in 2016, provide a copy of the closing statement.
 - 5) If you are a new client, provide copies of tax returns for 2013, 2014 and 2015.

Note: When completing your organizer, round all amounts to the nearest dollar. For married couples, questions referring to "you" generally mean you or your spouse.

STEP 1**The following items may affect your tax return. Please answer carefully.**

These questions pertain to calendar year 2016 unless otherwise noted.

1) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay or receive alimony (Tax Tip 1)? Do not include child support. (Select one.) Pay <input type="radio"/> Receive <input type="radio"/>
To/From: Name _____ Social Security Number _____ Amount \$ _____	
2) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	For the entire year, did you, your spouse and your dependents have health care coverage provided by either an employer or the government (Medicare, Medicaid or VA) or purchased through the Health Insurance Marketplace (Exchange) or directly from an insurance company?
3) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you move because of a job change? Distance from old house to old job: _____ Distance from old house to new job: _____
4) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you (or do you plan to before April 18, 2017) contribute to a traditional IRA or Roth IRA for 2016? (Tax Tip 2)
Self: Traditional IRA \$ _____ Roth IRA \$ _____ Spouse: Traditional IRA \$ _____ Roth IRA \$ _____	
5) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2016? If yes, amount converted/rolled over: \$ _____
6) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you (or do you plan to before April 18, 2017) contribute to a health savings account (HSA) for 2016? (Tax Tip 3) Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your Form W-2.) Self: \$ _____ Spouse: \$ _____ Type of health plan coverage: Self-only <input type="radio"/> Family <input type="radio"/>
7) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive any distributions from your health savings account (HSA)? Amount of distributions: \$ _____ Amount of unreimbursed qualified medical expenses (attach list): \$ _____
8) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Are you a grade K-12 teacher? If yes, enter amount of out-of-pocket classroom costs you paid or incurred (Tax Tip 4): \$ _____
9) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school or look for a job? If yes, provide the amounts paid for each individual and the names, addresses and taxpayer identification numbers of the care providers. Amount, if any, that was reimbursed by an employer dependent care plan (Tax Tip 5): \$ _____
10) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred: _____
11) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay any individual \$2,000 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardener?
12) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you have any debts cancelled or reduced (including credit cards), property repossessed or foreclosed upon, or did you file for bankruptcy? (Tax Tip 6)
13) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during 2016? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S. <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year?
14) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?
15) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)?
16) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?
17) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did your children under age 19 (or age 19-23 and full-time students) have unearned income over \$1,050?
18) <input type="radio"/> T <input type="radio"/> S <input type="radio"/> O	Do you (or your spouse) want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3.
19) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number and personal identification number of individual if not preparer. Name: _____ Phone Number: _____ Identification Number: _____
20) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you make gifts to a trust or gifts totaling more than \$14,000 to any individual during the year? If so, provide recipient's name, address, relationship to you and the amount of the gift.

STEP 1
(Continued)

Check any of the boxes below that apply to you for 2016:

- Purchased health insurance for yourself or a family member through the Health Insurance Marketplace (Exchange). (Attach Form 1095-A, *Health Insurance Marketplace Statement*.)
- Were granted stock options by your employer and/or exercised employer stock options.
- Owned any securities or held any debts that became worthless during the year.
- Contributed to or received distributions from an Archer Medical Savings Account (MSA).
- Traveled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.
- Performed services in the performing arts for at least two employers.
- Lived or worked in a foreign country.
- Were issued an Identity Protection PIN by the IRS: _____
- Were in the military (or reservist).
- Received any notice from the IRS or a state taxing authority.
- Contributed to or received distributions from an Achieving a Better Life Experience (ABLE) account.
- I can be claimed as a dependent on another person's tax return for 2016.

Please provide any other information related to your 2016 taxes not reported elsewhere on this organizer:

STEP 2

Dependents (Tax Tip 7) (attach additional sheet, if necessary)

Children age 18 or younger (age 19–23 if attending school full time for at least five months during the year) who lived with you more than half the year and who did not provide more than half of their own support (or a permanently and totally disabled child).

- Check if it is possible that a different taxpayer might claim a child listed below as a dependent.

1) _____	Birthdate _____	SSN _____
2) _____	Birthdate _____	SSN _____
3) _____	Birthdate _____	SSN _____
4) _____	Birthdate _____	SSN _____

Other Dependents (relatives and/or members of household)	Relationship	Social Security #	Is 2016 Gross Income less than \$4,050? (Yes or No)	# Months Resided in Your Home in 2016	% Support Received From You
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Check if you are divorced and either signed or received Form 8332 (release of exemption for child). (Provide Form 8332.)

STEP 3

Income

Wages—Provide Forms W-2

Number of employers (during the year): Self _____ Spouse _____

Dividend and Interest Income

Provide all Forms 1099-INT, 1099-DIV and 1099-OID. List interest and dividends not reported on Form 1099 on a separate sheet, but do not duplicate what's reported on the 1099s. Also, list any penalty on early withdrawal from savings.

Installment Sale Payments Received

Total Payments \$ _____	Is payer a relative or related party? Yes <input type="radio"/> No <input type="radio"/>
Interest \$ _____	If payer uses property as a principal residence, provide payer's:
Principal \$ _____	Name _____
Did sale occur in 2016? Yes <input type="radio"/> No <input type="radio"/>	Address _____
If yes, complete STEP 4.	Social Security Number _____

STEP 3

Income (Continued)

Retirement Plan and Social Security Income

- 1) Did you receive distributions from IRAs, SEPs, pensions, 401(k)s or other retirement plans (including amounts rolled over and in-plan Roth rollovers)? Yes No
 If yes, provide all Forms 1099-R received. Enter amounts received but not reported on a Form 1099-R here \$ _____
- 2) Amount of distribution rolled over to qualified plan or traditional IRA (Tax Tip 8)
- 3) Amount of distribution rolled over to a Roth IRA
- 4) Amount of distribution rolled over to a Designated Roth Account
- 5) Amount of distribution made directly to a qualified charity
- 6) If you were under age 59½ when the distribution was received, do you qualify for an exception to the 10% penalty on early distributions? (Tax Tip 9) Yes No
 Explain: _____
- 7) If age 70½ or older in 2016, did you take the 2016 required minimum distributions from your IRAs (other than Roth IRAs) and qualified retirement plans? Self: Yes No
 Spouse: Yes No
- 8) Did you receive Social Security or railroad retirement benefits? Yes No
 If yes, provide all Forms SSA-1099 or RRB-1099 received.

Partnerships, Estates, Trusts and S Corporations

Provide a list of all the partnerships and S corporations in which you own an interest and all trusts of which you are a beneficiary. Indicate on the list whether you materially participated in that entity's trade or business in 2016 (Tax Tip 10). Write "N/A" if the entity is not engaged in a trade or business (for example, an entity whose only activity is ownership of rental real estate or investment assets such as stocks and bonds). Provide all Schedules K-1 received for the tax year.

Other Income—Provide Forms 1098 and 1099

- Bartering Income \$ _____
- Bonuses and Prizes not reported on Form W-2 (Explain)
- Cancellation of Debt (Form 1099-A or 1099-C) (Tax Tip 6)
- Commissions and Fees (Not reported in STEP 5)
- Disability Income not included on Form W-2 (taxable)
- Education Savings Account or Qualified Tuition (529) Plan Withdrawals (Form 1099-Q)
- Gambling/Lottery Winnings
- Jury Duty—Election Board Fees
- Scholarships (Form 1098-T)
- State Income Tax Refund (Form 1099-G)
- Tips and Gratuities not reported on Form W-2 (Tax Tip 11)
- Unemployment Compensation (Form 1099-G)
- Veterans' Pension and Disability
- Workers' Compensation
- Other (attach separate sheets if necessary)

STEP 4

Sales and Exchanges

Provide information about sales of stock, real estate or other property along with Forms 1099-B, 1099-S, closing statement or other supporting information. Attach separate sheet if necessary. If all transactions, including basis, are reported on Forms 1099-B you provide, there is no need to complete the following. If your principal residence was sold, see STEP 13.

	Asset #1	Asset #2	Asset #3
Description of Property	_____	_____	_____
Date Acquired	_____	_____	_____
Date Sold	_____	_____	_____
Sales Price	\$ _____	\$ _____	\$ _____
Basis (Tax Tips 12 and 13)	_____	_____	_____
Expenses of Sale	_____	_____	_____

STEP 5

Self-Employment Income (See also STEPs 7, 8 and 9)

If more than one farm activity or business, list income and expenses separately for each. Also include any single-member limited liability companies (LLCs).

Business Activity/Product: _____

Business Name: _____

Did you begin or end the business in 2016? Begin End

Gross Receipts (provide all Forms 1099-MISC and 1099-K) \$ _____

Inventory—Beginning of Year \$ _____

Merchandise Purchases (less Product for Personal Use)..... _____

Labor, Materials and Other Costs of Inventory..... _____

Inventory—End of Year..... _____

Did you make any payments requiring Forms 1099 be filed?¹ Yes No

If Yes, did you file Forms 1099? Yes No

¹ Generally, payments of \$600 or more made to noncorporate entities in the course of a trade or business must be reported. Common examples are payments for non-employee compensation and rent.

STEP 6

Rental and Royalty Income

Physical Address (Street, City, State, Zip Code)	Type ¹	Rent/Royalty Received \$ _____	Fair Rental Days	Personal Use Days
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you make any payments requiring Forms 1099 be filed? Yes No

If Yes, did you file Forms 1099? Yes No

¹ 1—Single family residence; 2—Multi-family residence; 3—Vacation/short-term rental; 4—Commercial; 5—Land; 6—Royalties; 7—Self-rental; 8—Other (describe).

STEP 7

Travel, Meals and Entertainment Expenses

Travel expenses are deductible if you traveled away from home overnight on business. Business meals and entertainment when not traveling are also deductible (subject to limits), provided you have records showing date, amount, persons present and business purpose. Employee expenses are not deductible if employee could have been reimbursed by the employer.

Use Correct Column	Employee	Self-Employed	Rental Activity
Travel:			
Airplane, Train, Taxi, Auto Rental	\$ _____	\$ _____	\$ _____
Meals (See <i>Employee/Self-Employed Tax Tip C</i> on Page 6).....	_____	_____	_____
Lodging.....	_____	_____	_____
Telephone/Internet Connection.....	_____	_____	_____
Cleaning and Laundry	_____	_____	_____
Baggage and Shipping	_____	_____	_____
Other: _____	_____	_____	_____
Meals and Entertainment Not Associated With Travel.....	_____	_____	_____

Reimbursements

Were you reimbursed for any of the above expenses? Yes No If yes, provide details, including how reported on Form W-2.

STEP 8

Self-Employment and Rental Expenses

If yes, attach list of expenses related to home. Do not duplicate below.

Do you qualify for business use of home deductions?
 Yes No
 (See *Employee/Self-Employed Tax Tip B* below.)

Business sq. ft. _____
 Total sq. ft. _____
 Part of home used for business: _____

Use Correct Column	Self-Employed ¹	Rental ¹
Advertising.....	\$ _____	\$ _____
Cleaning and Maintenance.....	_____	_____
Commissions and Fees Paid.....	_____	_____
Contract Labor.....	_____	_____
Employee Benefit Programs (include health insurance for employees).....	_____	_____
Insurance (not including health).....	_____	_____
Interest • Mortgage (Form 1098).....	_____	_____
• Other Interest.....	_____	_____
Legal and Professional Fees.....	_____	_____
Licenses.....	_____	_____
Management Fees.....	_____	_____
Office Expenses.....	_____	_____
Pension/Profit-Sharing Plan Contributions Made for Employees.....	_____	_____
Rent Paid • Vehicles, Machinery and Equipment.....	_____	_____
• Other Business Property.....	_____	_____
Repairs and Maintenance.....	_____	_____
Supplies.....	_____	_____
Taxes.....	_____	_____
Utilities.....	_____	_____
Wages Paid.....	_____	_____
Other Expenses (provide list).....	_____	_____

¹ If more than one business or rental property, provide information separately for each.
Business or rental asset purchases or sales. Provide a separate schedule listing dates of purchase or sale, purchase/sales price and property description. Include copies of sales receipts or contracts if available.

STEP 9

Health Insurance and Retirement Plans for the Self-Employed

Insurance premiums paid: Health \$ _____ Long-Term Care \$ _____
 Include premiums paid for yourself, spouse, dependents and children under age 27, as well as Medicare premiums. Do not include any premiums for months self-employed person was eligible to participate under any subsidized employer's plan. Report in STEP 12 instead.

Contributions made to your SEP, SIMPLE or qualified retirement plan for 2016. See *Employee/Self-Employed Tax Tip D* below.
 \$ _____

Employee/Self-Employed Tax Tips

- A) **First-Year Expensing Election.** A certain amount of qualifying business assets purchased and placed in service in 2016 may be expensed currently. (Separate limits apply to business vehicles.)
- B) **Business Use of Home Deduction.** If an area of the home is used regularly and exclusively for business, a deduction for a portion of mortgage interest, taxes, insurance, other operating costs and depreciation may be allowed. Special rules apply for inventory storage and daycare. Ask for details.
- C) **Per Diem Meal Rates.** In lieu of using actual expenses incurred for meals and incidental expenses while travelling, self-employed individuals and employees may deduct IRS-approved per diem amounts. The amounts depend on location. Provide detailed list of dates and locations of business travel.
- D) **Self-Employed Retirement Plans.** Many retirement plans (funded with pre-tax dollars) are available to self-employed business owners. The deadlines for establishing and contributing to a retirement plan vary. If you have employees, matching contributions may be required.
- E) **Small Employer Health Insurance Credit.** A credit is available to qualified small employers that pay health insurance premiums for employees. Premiums paid for the business owner and his family members don't qualify. Ask us for details.

STEP 10

Vehicle Expense

- Commuting between your home and regular work location is not deductible.
- Commuting expenses for going between your home and a temporary work location *outside* the metropolitan area where you live and normally work are deductible. Travel expenses between your home and a temporary work location *within* your metropolitan area are not deductible unless either of the following tests are met:
 - 1) You have one or more regular work locations away from your home or
 - 2) Your home is your principal place of business.
- A work location is considered temporary if employment is expected to last and actually does last for one year or less.
- There are two methods to determine the deduction for vehicles used for business: (1) actual expenses or (2) standard mileage rate (for 2016, 54¢ per mile).
- For each vehicle used for business, complete lines 1–6. If you know that you use standard mileage allowance, ignore lines 7–13. If you purchased a vehicle this year and *do not* use standard mileage allowance, provide a copy of the sales invoice.

Vehicle	#1	#2	#3
1) Total miles driven this year: Business	_____	_____	_____
Commuting	_____	_____	_____
Other Personal	_____	_____	_____
2) Vehicle Description	_____	_____	_____
3) Date Vehicle Was First Used for Business	_____	_____	_____
4) Cost (cash paid, net of any trade allowance)	\$ _____	\$ _____	\$ _____
Was a car traded in?	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
or Lease Payments (for the year)	_____	_____	_____
5) Interest Paid on Vehicle Loan (Self-Employed Only)	_____	_____	_____
6) Parking and Tolls	_____	_____	_____
7) Gasoline, Oil, Lubrication	_____	_____	_____
8) Repairs, Maintenance, Car Washes	_____	_____	_____
9) Tires and Supplies	_____	_____	_____
10) Insurance	_____	_____	_____
11) Tags and Licenses	_____	_____	_____
12) Garage Rent	_____	_____	_____
13) Other: _____	_____	_____	_____
14) Sold in 2016? If yes, date sold: _____	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
15) If yes, provide sales price and any trade information	_____	_____	_____

Questions for All Taxpayers Claiming Vehicle Expenses:

1) Do you have evidence to support business use?	Yes <input type="radio"/> No <input type="radio"/>
2) If yes, is the evidence written?	Yes <input type="radio"/> No <input type="radio"/>
3) Do you (or your spouse) have another vehicle available for personal use?	Yes <input type="radio"/> No <input type="radio"/>
4) Do you have an employer-provided vehicle that is available for personal use during off-duty hours?	Yes <input type="radio"/> No <input type="radio"/>
5) Were you reimbursed for any of above auto expenses?	Yes <input type="radio"/> No <input type="radio"/>
6) If yes, is the reimbursement included in your Form W-2?	Yes <input type="radio"/> No <input type="radio"/>

Recordkeeping: Your vehicle expenses will not be allowed by the IRS without adequate records or sufficient evidence verifying business use. Daily records provide the best protection in case of an audit.

STEP 11

Education Expenses (Attach Forms 1098-E, 1098-T and 1099-Q)

Include information about education expenses incurred for you, your spouse or your dependents.

1) Student's Name.....	_____	_____	_____
2) If in college, was student enrolled at least half-time for at least one academic period beginning in 2016?.....	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
3) Felony Conviction? ¹	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
4) Educational Purpose (degree seeking, job related).....	_____	_____	_____
5) Name of Institution.....	_____	_____	_____
6) Type of Expense (See Tax Tip 14).....	_____	_____	_____
7) Amount Paid.....	\$ _____	\$ _____	\$ _____
8) Paid By Whom?.....	_____	_____	_____
9) Student's Grade or Year in College.....	_____	_____	_____

¹ Indicate whether or not student was convicted before 12/31/2016 of a felony for possession or distribution of a controlled substance.

STEP 12

Itemized Deductions

Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below).

2016 Standard Deduction

Filing Status	Standard Deduction		Add for Blind and/or Over 65
Married Filing Jointly or Qualifying Widow(er).....	\$ 12,600	+	\$ 1,250
Single.....	6,300		1,550
Head of Household.....	9,300		1,550
Married Filing Separately.....	6,300		1,250

Medical Expenses

Deductible only if net expenses exceeds 10% (7.5% if you (or your spouse) were born before January 2, 1952) of Adjusted Gross Income (AGI)

Note: Do *not* include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.

Did you pay medical expenses for a person you cannot claim as a dependent? Yes No *If yes, ask your tax preparer.*

Health Insurance Premiums ¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies).....	See Note Above	\$ _____
Medicare Insurance Premiums ¹ (Form SSA-1099).....		_____
Long-Term Care Insurance Premiums ¹ (Tax Tip 15).....		_____
Prescribed Drugs and Insulin.....		_____
Doctors and Clinics.....		_____
Dentists and Orthodontists.....		_____
Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery.....		_____
Hospitals, Nurses, Ambulance.....		_____
Nursing or Long-Term Care Facility.....		_____
Other (please detail): _____		_____
_____		_____
_____		_____
_____		_____
Medical Miles Driven in 2016.....	_____	
Parking Fees.....	_____	
Lodging While Obtaining Medical Treatment <i>Limited to \$50 per night, per person</i>	_____	

¹ Do not include any premiums included in STEP 9 (if self-employed).

STEP 12

Itemized Deductions (Continued)

Taxes

State and Local Income Taxes Paid in 2016 (include 2016 estimated tax payments and amounts paid with 2015 return).....	\$ _____
State and Local Sales Tax Paid for Major Purchases (motor vehicles, boats, airplanes, homes or home building materials, if rate same as general sales tax rate)	_____
Foreign Taxes	_____
Real Estate Taxes—Homestead (less special assessments).....	_____
Other Real Estate Taxes (second home, cabin, etc.)	_____
Property Tax Refund	_____
Special Assessments—Interest Portion Only	_____
Personal Property Taxes (auto license tags, etc.)	_____

Charitable Donations (Use separate sheet if needed.)

Monetary donations under \$250 each must be substantiated by either (1) a bank record (such as a cancelled check) or (2) a written receipt from the charity showing its name and the date and amount of the donation. For each donation of \$250 or more, the taxpayer must obtain a written acknowledgment from the charity. (See Tax Tip 16.)

Cash, Check or Credit Card (include payroll deductions):	
Churches or Synagogues	\$ _____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Noncash:	
Fair Market Value (FMV) of Items Given to Charities	_____
Attach list of each item (or group of similar items) and its FMV (Tax Tip 17).	
If a vehicle, boat or airplane donation over \$500, provide Form 1098-C.	
Out-of-Pocket Expenses for Charitable Work.....	_____
Charitable Miles: _____ Miles × 14¢ = _____	_____
Other: _____	_____

Miscellaneous Expenses

Do Not Duplicate STEP 7

Deductible only if total exceeds 2% of Adjusted Gross Income (AGI)

Unreimbursed employee business expenses (for example, union dues, tools and supplies, special uniforms and safety equipment, professional dues and subscriptions, job-related education—see Tax Tip 18). List items on separate sheet. See STEP 7 for automobile expenses and travel and entertainment	\$ _____
Job-Seeking Expenses in Same Field (Tax Tip 19)	
Travel/Air Fare/Lodging	\$ _____
Meals	_____
Employment Agency Fees	_____
Resume \$ _____ Other \$ _____ Total =	_____
Tax Prep, Financial Planning/Consultation Fees (Tax Tip 20)	_____
Investment Expenses (Tax Tip 21)	
Phone/Postage/Supplies for Investments.....	\$ _____
Safe Deposit Box.....	_____
Investment Publications and Journals	_____
IRA and Other Retirement Plan Fees You Paid Directly.....	_____
Other \$ _____ Total =	_____
Gambling Losses. Limited to Total Gambling Winnings Listed in STEP 3.....	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

STEP 12

Itemized Deductions (Continued)

Casualty Loss

Auto Accident, Fire, Theft, Storm, etc. Provide details. (Tax Tip 22)

Interest Paid (Provide Forms 1098)

	Primary Residence	Second Home (Tax Tip 23)
Home Mortgage (If seller-financed, provide seller's name/address/SSN).....	\$ _____	\$ _____
Home Equity Loan.....	_____	_____
Loan Points not Reported on Form 1099-INT (Tax Tip 24).....	_____	_____
Mortgage Insurance Premiums Paid on Policies Issued After 2006.....	_____	_____
Investment Interest Paid.....\$ _____		

STEP 13

Principal Residence (attach any 2016 closing statements)

Yes No Did you sell your principal residence in 2016? *If yes: (Tax Tip 25)*

Yes No • Did you own and use it as a principal residence for at least two of five years before the sale?

Yes No • Did you sell a previous residence within two years before the sale date and exclude any gain?

Yes No Did you purchase a residence in 2016?

Yes No Did you refinance your mortgage or take out a home equity loan in 2016? Amount of proceeds used for something other than acquiring or improving your home: \$ _____

Yes No Did you purchase any energy-efficient improvements such as solar water heaters, generators or fuel cells, small wind energy property, geothermal heat pump property or energy efficient exterior doors, windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?

Yes No Did you received a first-time homebuyer credit for a home purchased in 2008? If yes, enter the amount of the credit: \$ _____

STEP 14

2016 Estimated Tax Payments¹

	Federal	Date Paid	State	Date Paid
Amount applied from 2015 overpayment, if any:	\$ _____		\$ _____	
First Quarter Payment Made.....	_____	_____	_____	_____
Second Quarter Payment Made.....	_____	_____	_____	_____
Third Quarter Payment Made.....	_____	_____	_____	_____
Fourth Quarter Payment Made.....	_____	_____	_____	_____

¹ Do not include withholding from Forms W-2 or 1099 in estimated tax payments listed here.

STEP 15

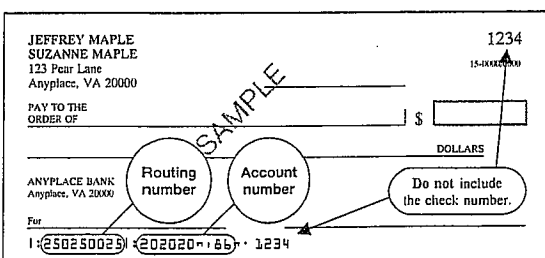
Tax Refund—Direct Deposit Information

If you receive a 2016 federal tax refund, the refund can be routed to up to three of your checking or savings accounts. (Tax refunds may also be directly deposited to your IRA, myRA, Health Savings Account, Archer MSA or Education Savings Account or to a Treasury Direct online account.) If you prefer a direct deposit, please complete the following information. Otherwise a refund check will be mailed to you at the address on your tax return.

Type of Account (Checking, Savings, IRA, etc.)	Routing Number (Nine digits)	Account Number	Percent of Refund
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sample check:

Note: The routing and account numbers may be in different places on your check.



Privacy Policy:

We collect nonpublic information about you from the following sources:

- 1) Information we receive from you on applications, tax organizers, worksheets and other forms,
- 2) Information about your transactions with us, our affiliates or others and
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.