

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_  
 Mark if you were married but living apart all year \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_  
 Taxpayer Spouse  
 Social security number \_\_\_\_\_  
 First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_  
 Mark if legally blind \_\_\_\_\_  
 Mark if dependent of another taxpayer \_\_\_\_\_  
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Date of death \_\_\_\_\_  
 Work/daytime telephone number/ext number \_\_\_\_\_  
 Do you authorize us to discuss your return with the IRS (Y, N) \_\_\_\_\_

General: 1040, Contact **Present Mailing Address**

Address \_\_\_\_\_  
 Apartment number \_\_\_\_\_  
 City/State postal code/Zip code \_\_\_\_\_  
 Foreign country name \_\_\_\_\_  
 Foreign phone number \_\_\_\_\_  
 Home/evening telephone number \_\_\_\_\_  
 Taxpayer email address \_\_\_\_\_  
 Spouse email address \_\_\_\_\_

General: 1040 **Dependent Information**

| First Name | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | Care expenses paid for dependent |
|------------|-----------|---------------|---------------------|--------------|----------------|----------------------------------|
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:  
 Business name \_\_\_\_\_  
 First and Last name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_  
 Amount paid to care provider in 2016 \_\_\_\_\_  
 Taxpayer Spouse  
 Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

Health Care: Coverage **Health Care Coverage**

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.  
 2016 Information Prior Year Information  
 Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) \_\_\_\_\_

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.  
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.  
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.  
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

| T/S/J | Description | Form  | Mark if no longer applicable |
|-------|-------------|-------|------------------------------|
| ___   | _____       | _____ | ___                          |
| ___   | _____       | _____ | ___                          |
| ___   | _____       | _____ | ___                          |
| ___   | _____       | _____ | ___                          |
| ___   | _____       | _____ | ___                          |
| ___   | _____       | _____ | ___                          |
| ___   | _____       | _____ | ___                          |
| ___   | _____       | _____ | ___                          |
| ___   | _____       | _____ | ___                          |

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.  
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.  
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____       | _____                  | ___                          |
| ___ | _____       | _____                  | ___                          |



Income: B1 **Interest Income**

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

| T/S/J | Payer Name | Interest Income | Prior Year Information |
|-------|------------|-----------------|------------------------|
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2016 \_\_\_\_\_ Amount received in 2015 \_\_\_\_\_

Income: B2 **Dividend Income**

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

| T/S/J | Payer Name | Ordinary Dividends | Qualified Dividends | Prior Year Information |
|-------|------------|--------------------|---------------------|------------------------|
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |

Income: D **Sales of Stocks, Securities, and Other Investment Property**

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

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price<br>(Less expenses of sale) | Cost or Other Basis |
|-------|-------------------------|---------------|-----------|--|---------------------|
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |

Income: Income **Other Income**

Please provide copies of all supporting documentation.

| State and local income tax refunds             | 2016 Information |        | Prior Year Information |
|--|------------------|--------|------------------------|
|  | Taxpayer         | Spouse | Prior Year Information |
| Alimony received                               | _____            | _____  | _____                  |
| Unemployment compensation                      | _____            | _____  | _____                  |
| Unemployment compensation repaid               | _____            | _____  | _____                  |
| Social security benefits                       | _____            | _____  | _____                  |
| Medicare premiums to be reported on Schedule A | _____            | _____  | _____                  |
| Railroad retirement benefits                   | _____            | _____  | _____                  |
| T/S/J  | 2016 Information |        | Prior Year Information |
| Other Income:                                  | _____            | _____  | _____                  |
| _____  | _____            | _____  | _____                  |

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2016 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2016

Roth IRA Contributions for 2016 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2016

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2016 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

| T/S   | Qualified student loan interest paid | 2016 Information | Prior Year Information |
|-------|--------------------------------------|------------------|------------------------|
| _____ | _____                                | _____            | _____                  |
| _____ | _____                                | _____            | _____                  |

Complete this section if you paid qualified education expenses for higher education costs in 2016. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

| T/S   | Ed Exp Code* | Student's SSN | Student's First Name | Student's Last Name | Qualified Expenses | Prior Year Information |
|-------|--------------|---------------|----------------------|---------------------|--------------------|------------------------|
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Mark if the move was due to service in the armed forces \_\_\_\_\_

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

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

Mark if move is outside United States or its possessions \_\_\_\_\_

Transportation and storage expenses \_\_\_\_\_

Travel and lodging (not including meals) \_\_\_\_\_

Total amount reimbursed for moving expenses \_\_\_\_\_

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

| T/S                      | Recipient name | Recipient SSN | 2016 Information | Prior Year Information |
|--------------------------|----------------|---------------|------------------|------------------------|
| _____                    | _____          | _____         | _____            | _____                  |
| Street address           |                | _____         | _____            | _____                  |
| City, State and Zip code |                | _____         | _____            | _____                  |

Taxpayer

Spouse

Prior Year Information

Educator expenses:

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Other adjustments:

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Itemized: A1

## Medical and Dental Expenses

| T/S/J |  | 2016 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| —     | Medical and dental expenses            | _____            | _____                  |
| —     | Medical insurance premiums you paid*** | _____            | _____                  |
| —     | Long-term care premiums you paid***    | _____            | _____                  |
| —     | Prescription medicines and drugs       | _____            | _____                  |
| —     | Miles driven for medical items         | _____            | _____                  |

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

## Tax Expenses

| T/S/J |  | 2016 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| —     | State/local income taxes paid                  | _____            | _____                  |
| —     | 2015 state and local income taxes paid in 2016 | _____            | _____                  |
| —     | Sales tax paid on actual expenses              | _____            | _____                  |
| —     | Real estate taxes paid                         | _____            | _____                  |
| —     | Personal property taxes                        | _____            | _____                  |
| —     | Other taxes                                    | _____            | _____                  |

Itemized: A2

## Interest Expenses

| T/S/J                    |  | 2016 Information | Prior Year Information |
|--------------------------|--|------------------|------------------------|
| —                        | Home mortgage interest From Form 1098                | _____            | _____                  |
| T/S/J                    | Other home mortgage interest paid to individuals:    |                  |                        |
|                          | Payee's Name   | SSN or EIN       | 2016 Information       |
| —                        | _____  | _____            | Prior Year Information |
|                          | Address  | City             | State Zip Code         |
| —                        | _____  | _____            | _____                  |
| T/S/J                    | Investment interest expense, other than on Sch K-1s: | 2016 Information | Prior Year Information |
| —                        | _____  | _____            | _____                  |
|                          | Refinance #1   |                  | Refinance #2           |
| Refinancing Information: |  |                  |                        |
| T/S/J                    | Recipient/Lender name                                | _____            | _____                  |
|                          | Total points paid at time of refinance               | _____            | _____                  |
|                          | Date of refinance                                    | _____            | _____                  |
|                          | Term of new loan (in months)                         | _____            | _____                  |
|                          | Reported on Form 1098 in 2016                        | _____            | _____                  |

Itemized: A3

## Charitable Contributions

| T/S/J |  | 2016 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| —     | Contributions made by cash or check              | _____            | _____                  |
| —     | Volunteer miles driven                           | _____            | _____                  |
| —     | Noncash items, such as: Goodwill, Salvation Army | _____            | _____                  |

Itemized: A3

## Miscellaneous Deductions

| T/S/J |  | 2016 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| —     | Unreimbursed expenses  | _____            | _____                  |
| —     | Union dues   | _____            | _____                  |
| —     | Tax preparation fees   | _____            | _____                  |
| —     | Other expenses, subject to 2% AGI limitation:                              |                  |                        |
| —     | _____  | _____            | _____                  |
| —     | Safe deposit box rental  | _____            | _____                  |
| —     | Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT | _____            | _____                  |
| —     | Other expenses, not subject to the 2% AGI limitation:                      |                  |                        |
| —     | _____  | _____            | _____                  |
| —     | Gambling losses (enter only if you have gambling income)                   | _____            | _____                  |

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

**Primary account:**

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

**Secondary account #1:**

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

**Secondary account #2:**

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

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

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

Form of identification (1 = Driver's license, 2 = State issued identification) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification (1 = Driver's license, 2 = State issued identification) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**