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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 exemption(s) 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?		



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? Yes No
- Were you eligible for employer-sponsored healthcare coverage? Yes No
- 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? Yes No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)? Yes No
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)? Yes No
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? Yes No
If Yes, include all Forms 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? Yes No
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? Yes No
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? Yes No

Education:

- Did you or your spouse pay any student loan interest? Yes No
- 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? Yes No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? Yes No
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? Yes No

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? Yes No
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? Yes No
- Did you or your spouse make any large purchases, such as motor vehicles and boats? Yes No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? Yes No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? Yes No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? Yes No
If Yes, provide the number of gallons of gasoline 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? Yes No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? Yes No



Investments:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- | | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

- | | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a 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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous:

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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a party to split-dollar life insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors or trustees die or move?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse entered into any tax shelter(s) such as a reportable transaction(s) or IRS Listed Transaction(s) that would require reporting/disclosing on your tax return?	<input type="checkbox"/>	<input type="checkbox"/>

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



2016

Personal Information

3

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

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

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?
Are you a U.S. citizen or Green Card holder?

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"/>
<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.

Worksheets: Basic Data > General and Return Options > Processing Options



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



2016

Dependents

3A

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.



Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? Yes No
Taxpayer

Spouse

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.

If you qualify for electronic filing, would you like to file the return electronically with the IRS?

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

If you qualify, would you like to file your state returns electronically?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?
Taxpayer

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

Spouse

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If No, provide a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:

_____ has informed me (us) that my (our) 2016 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?		<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer		<input type="checkbox"/>	<input type="checkbox"/>
Spouse		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN

Spouse PIN



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?	Yes	No
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____		
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)		
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____		
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?		
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?		

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?	Yes	No
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____		
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)		
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____		
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?		
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?		

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

U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds?

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

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Spouse:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase



2016

Interest Income

5A

Interest Information:

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

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

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2015 Interest Amount	
Total							

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2016 Interest Amount	2015 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

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



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 Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

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

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

Enter Any Additional Information:

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



2016

Interest Income and Foreign Information

5A

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

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

Interest Income:

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

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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

Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country _____

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



Dividend Income and Foreign Information

2016

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

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

Form 1099-DIV						Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2015 Gross Dividends Amount	
A						
B						
C						
D						
E						

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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

Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country _____

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



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	Ownership 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 - U.S. person
2 - Foreign person

1 - Issuer 2 - Counterparty

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? 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

Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							



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

Note: For other amounts not listed, attach a copy of your brokerage statement.



2016

Consolidated Brokerage Statement

5E

Brokerage Name	TSJ	Account Number
----------------	-----	----------------

Brokerage Address

Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5G.)

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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



2016

Consolidated Brokerage Statement Dividend Income and Foreign Information

5F

List all items sold during the year on Form 5G.

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

Dividend Income:

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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



2016

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?

- 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

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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

	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
<input type="checkbox"/>	<input type="checkbox"/>

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?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



Business Income and Cost of Goods Sold

2016

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2016:

	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 _____



2016

Name of Business:

Principal Business or Profession:

Expenses:

- Advertising
- Car and truck expenses
- Parking fees and tolls
- Commissions and fees
- Contract labor
- Employee benefit programs and health insurance (other than pension and profit-sharing plans)
- Insurance (other than health)
- Interest - mortgage (paid to banks, etc.)
- Interest - other
- Legal and professional fees
- Office expense
- Pension and profit-sharing plans
- Rent or lease - vehicles, machinery and equipment
- Rent or lease - other business property
- Repairs and maintenance
- Supplies (not included in Cost of Goods Sold)
- Taxes and licenses
- Travel
- Meals and entertainment
- Utilities
- Wages
- Dependent care benefits

2016 Amount	2015 Amount

Other Expenses:

Description	2016 Amount	2015 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2016

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2016:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

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

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

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



2016

Business Expenses

6C

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

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

	2016 Amount	2015 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2016 Amount	2015 Amount

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

Amount received for other expenses

Amount received for meals and entertainment

2016 Amount	2015 Amount

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

Vehicle:

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

Description of vehicle

Date vehicle was placed in service

Yes No

Yes No

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

	2016	2015
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2016 Amount	2015 Amount



2016

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2016	2015

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

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

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

Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Debts that became uncollectible
- Securities that became worthless
- Sale of any property where you will receive payments in future years

Yes	No

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

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

Installment Sales: **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2016 Principal Received	2015 Principal Received



Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ

Date acquired (Mo/Da/Yr) _____

Date sold (Mo/Da/Yr) _____

Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Number of automobile miles in move

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects

Costs of travel and lodging (do not include meals or automobile expenses)

Automobile expenses (gasoline, oil, etc.)

Meals (Pennsylvania only)

Amount



Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2016:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you use any IRA as security for a loan this year?
- Did you have any transactions with any IRA during the year?
- If Yes, explain. _____

Yes	No

IRA Values, Rollovers, and Distributions:

- Total value of all traditional IRAs on December 31, 2016
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2016
- Total distributions converted to Roth IRAs
- Total retirement plans converted to Roth IRAs

Contributions:

- IRA:
- Contributions in 2016 for the 2016 tax return
- Contributions in 2017 for the 2016 tax return
- Amount for 2016 you choose to be treated as nondeductible
- Roth IRA:
- Contributions made for the 2016 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

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



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

Yes	No

Spouse

Yes	No

Contributions to:

Simplified employee pension

Defined benefit plan

Defined contribution plan

SIMPLE plan

2016 Amount

2016 Amount



2016

Rental and Royalty Income

Location of Property: _____

TSJ
Type of property

Yes	No
-----	----

Have you prepared or will you prepare all required Forms 1099?

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



2016

Rental and Royalty Expenses

10A

Location of Property: _____

Expenses:

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and other professional fees

Management fees

Mortgage interest paid to banks, etc.

Mortgage interest paid to individuals

Other interest

Repairs

Supplies

Taxes

Utilities

Dependent care benefits

Employee benefits

Other Expenses:

2016 Amount	2015 Amount

Description	2016 Amount	2015 Amount



2016

Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2016 Amount	2015 Amount



Location of Property: _____

Listed Property Questions for 2016:

Do you have evidence to support your deduction? If Yes, is the evidence written? Do you have evidence to support the business use percentage claimed on listed property? If Yes, is the evidence written?

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Vehicle:

Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?

Table for Vehicle 1 with columns for 2016 Miles, 2015 Miles, 2016 Amount, and 2015 Amount.

Table for Vehicle 2 with columns for 2016 Miles, 2015 Miles, 2016 Amount, and 2015 Amount.



Rental and Royalty Business Expenses

2016

Location of Property: _____

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

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

	2016 Amount	2015 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2016 Amount	2015 Amount

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

	2016 Amount	2015 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:
 If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business _____ %
 Description of vehicle _____
 Date vehicle was placed in service _____ (Mo/Da/Yr)

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

	2016	2015
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2016 Amount	2015 Amount



2016

Rental - Business Use of Home

10E

Location of Property: _____

Partial Use of Your Home for Business:

2016

Square footage of home used exclusively for business

Total square footage of home

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



Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



2016

Partnership and S Corporation Business Expenses

11A

Activity Name: _____

Business Expenses: Enter all expenses at 100 percent

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

	2016 Amount	2015 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2016 Amount	2015 Amount

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

	2016 Amount	2015 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:

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

Description of vehicle

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

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

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

	2016	2015
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2016 Amount	2015 Amount



Activity Name: _____

Partial Use of Your Home for Business:

2016

Square footage of home used exclusively for business

Total square footage of home

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

Farm Income (Page 1 of 2)

12

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
Employer identification number _____
Method of accounting _____

Farm Questions for 2016:

Did you dispose of this farm? Yes No
If Yes, what was the disposition date? _____ (Mo/Da/Yr)
Have you prepared or will you prepare all required Forms 1099?

	2016 Amount	2015 Amount
Health insurance premiums paid for yourself and your dependents		

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2016		2015	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

	2016 Amount	2015 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2016		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



2016

Farm Income (Page 2 of 2)

12A

Proprietor's Name: _____

Principal Crop or Activity: _____

Income:

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

Description	2016 Amount	2015 Amount

Government payments: Include all Forms 1099-G

Description	2016 Amount	2015 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2016 Amount	2015 Amount

Other income:

Description	2016 Amount	2015 Amount



2016

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2016:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount



2016

Farm Business Expenses

12D

Proprietor's Name: _____

Principal Crop or Activity: _____

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

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

	2016 Amount	2015 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2016 Amount	2015 Amount

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

	2016 Amount	2015 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:

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

Description of vehicle

Date vehicle was placed in service

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

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

	2016	2015
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2016 Amount	2015 Amount



2016

Farm Business Use of Home

12E

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

2016

Square footage of home used exclusively for business

Total square footage of home

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



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

Miscellaneous Income and Adjustments:

Table with 4 columns: TSJ (blank), 2016 Amount, 2015 Amount, TSJ (blank), 2016 Amount, 2015 Amount. Rows include Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with 5 columns: TSJ, State, City, Tax Year, Income Tax Refund (State, Local). Rows for reporting tax refunds.

Other Income:

Table with 4 columns: TSJ, Nature and Source, 2016 Amount, 2015 Amount. Rows for reporting other income.

Alimony Paid or Received:

Table with 6 columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2016 Amount, 2015 Amount. Rows for reporting alimony.



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

TS	2016 Amount	2015 Amount

Health Savings Accounts (HSAs)

TS	Description	2016 Amount	2015 Amount
	Contributions made for 2016		
	Distributions received from all HSAs in 2016		

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

Were any HSA contributions listed above also shown on your Form W-2? Yes No

Were all distributions from your HSA for unreimbursed medical expenses? Yes No

Did you or your spouse enroll in Medicare? Yes No

If Yes, what month did you enroll? _____

What month did your spouse enroll? _____

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

TSJ	Nature and Source	2016 Amount	2015 Amount



2016

Ministerial Income

13B

TS

Do you have any expenses associated with a business as a minister?

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

If Yes, enter the name of the business: _____

Do you have any expenses associated with your wages received as a minister?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the occupation: _____

Parsonage:

Fair rental value of parsonage provided by church

Utility allowance of parsonage

Actual expenses for utilities of parsonage

2016 Amount	2015 Amount

Rental or Parsonage Allowance:

Parsonage or rental allowance

Utility allowance

Actual expenses for parsonage

Actual expenses for utilities

Fair rental value of home, plus the cost of utilities

2016 Amount	2015 Amount



Itemized Deductions - Medical and Taxes

2016

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

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

2016 Amount	2015 Amount

* 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



2016

Mortgage Questions for 2016:

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

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount	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



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.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2016 Amount, 2015 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2016 Amount, 2015 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2016 Miles, 2015 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

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

Table with 4 columns: 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 _____



Itemized Deductions - Business Use of Home

2016

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2016	2015

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

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

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

Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent Include all documentation

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

	2016 Amount	2015 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2016 Amount	2015 Amount

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

	2016 Amount	2015 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

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

Vehicle: Include all documentation

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

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

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

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

	2016	2015
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2016 Amount	2015 Amount



2016

Employee Business Expenses- Business Use of Home

17A

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2016	2015

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

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

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



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

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

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

Child/Dependent Care Providers:

Provider 1:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2016 Amount	2015 Amount
Expenses incurred and paid in 2016		
Expenses incurred and not paid in 2016		

Provider 2:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2016 Amount	2015 Amount
Expenses incurred and paid in 2016		
Expenses incurred and not paid in 2016		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2016 Expenses Incurred	2015 Expenses Incurred

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

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

Include copies of all Forms 1098-T

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



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,000 or more in 2016? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)
Cash wages subject to additional Medicare tax withholding
Federal income tax withheld
State disability plan payments subject to social security taxes
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Table with 2 columns: 2016 Amount, 2015 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 3 columns: State, Total Cash Wages Subject to FUTA, 2015 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2017

Table with 5 columns: Name of State, Total Taxable Wages, Contribution Paid to Unemployment Fund, X, 2015 Amount



2016

Federal Tax Payments

20

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 ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate

2016 2nd Quarter Estimate

2016 3rd Quarter Estimate

2016 4th Quarter Estimate

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

2015 overpayment applied to 2016 estimate

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

Estimated tax payments for 2015 paid in 2016

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate

2016 2nd Quarter Estimate

2016 3rd Quarter Estimate

2016 4th Quarter Estimate

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

2015 overpayment applied to 2016 estimate

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

Estimated tax payments for 2015 paid in 2016

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate

2016 2nd Quarter Estimate

2016 3rd Quarter Estimate

2016 4th Quarter Estimate

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

2015 overpayment applied to 2016 estimate

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

Estimated tax payments for 2015 paid in 2016



Foreign Employment Information (Page 1 of 3)

General Information:

TS _____
Foreign address _____
.....
.....

Name of employer _____
Employer's U.S. address _____
.....

Employer's foreign address _____
.....

Employer type: Foreign entity, U.S. company,
Foreign affiliate of a U.S. company, Self _____

Enter the last year that Form 2555 was filed to
claim either of the exclusions _____

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

If a separate foreign residence was maintained for your
family due to adverse living conditions, please provide
the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
housing expense

Tax Home History:

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home			
First previous tax home			
Second previous tax home			
Third previous tax home			



Foreign Employment Information (Page 2 of 3)

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____

Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer

If any family members lived abroad with you during any part of the tax year, enter their names. Include the dates when the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you were not a resident of their country?

Yes

No

Were you required to pay income tax in that country?

Does the foreign country have an income tax?

State any contractual terms or other conditions relating to the length of employment abroad

What type of visa was used to enter the foreign country?

Explain any limitations of the visa as to length of stay or employment in a foreign country

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address

City

State

ZIP Code

X if rented

Occupants			
First Name	MI	Last Name	Relationship



2016

Foreign Employment Information

(Page 3 of 3)

30B

Travel Abroad for 12 Month Period:

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business



Foreign Housing Expenses Worksheet

2016

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge)			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet)			
Utilities (but not telephone charges)			
Real and personal property insurance			
"Key money" or other similar nonrefundable deposits paid to secure a lease			
Repairs and maintenance			
Furniture rental			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page)			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses			
--------------------------	--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

To you	<input type="checkbox"/>	<input type="checkbox"/>
To your family members	<input type="checkbox"/>	<input type="checkbox"/>



2016

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.				
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**		
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign	
				January	31				
				February	29				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
				Total	366				

* Weekends, holidays, vacation, sick, etc.

** Include weekends and holidays if you worked on these days.

During 2016, in which state(s)/city(ies) did you work? List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2015 ____ 2014 ____



Foreign Wages and Other Income (Page 1 of 2)

Foreign Questions for 2016:

- If you will be outside the U.S., do you want an automatic extension if you qualify?
- Will any tax due be paid with the extension?
- If you were working outside the U.S., did you terminate your foreign employment in 2016?
- Did you have foreign income derived from sources within designated "Boycott Activities"?
- If Yes, provide all information pertaining to the boycott activities.

Yes	No

Foreign Source Wages and Salaries:

Include all copies of your current year Forms W-2 or other wage statements

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

	2016 Amount	2015 Amount
Base wages		
Federal tax withheld		
FICA withheld		
Medicare tax withheld		
Days in foreign country before foreign assignment		
Days in foreign country after foreign assignment		
Days in U.S. while on foreign assignment		

Allowances and Reimbursements:

	2016 Amount	2015 Amount
Cost of living and overseas differential		
Moving expense reimbursement		
Family		
Education		
Home leave		
Quarters		
Bonus		
Stock option - current year		
Foreign tax reimbursement		
Survivor's insurance		
Automobile		
Hardship premium		
Home gross salary		
Tax adjustment - current year		
Gross up		
Mobility premium		
Relocation allocation		
Wire transfer allowance		
Home housing allowance		
Home gross entitlement		
Home net entitlement		
Variable pay awards		
Miscellaneous		
Imputed tax preparation fees		
Home country pension cost		
401(k) reductions		



2016

Foreign Wages and Other Income
(Page 2 of 2)

31A

Allowances and Reimbursements (Continued):

Other Allowances and Reimbursements:

Description	2016 Amount	2015 Amount

State and Local Information:

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name

Other Income and Noncash Income:

TSJ	Nature and Source	2016 Amount	2015 Amount

Other Adjustments:

TSJ	Nature and Source	2016 Amount	2015 Amount

Miscellaneous Income:

	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				

Enter Any Additional Information:



You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2016 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must provide the originals of Form W-2

Table with columns Taxpayer and Spouse. Rows include Employer: Gross base salary, Tax deferred savings (401K), Bonus - 2016, Bonus - other years, Cost of living allowance, Education, Dependent travel, Housing, Group life insurance, Tax equalization, Foreign taxes reimbursed - 2016, and Moving.

Table with columns Taxpayer and Spouse. Row: Other Allowances - Description

Table with columns Taxpayer and Spouse. Rows include Non-cash Remuneration: Home (lodging), Meals, Car

For additional employers, provide details on a continuation sheet.



Country of residence: _____

Foreign Taxes Paid or Accrued:

TS	Country Name	Income Type (Dividends, Rents, Etc.)	Is Tax Accrued?	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (In Foreign Currency)	Tax Amount (In U.S. Dollars)

Prior Year Foreign Taxes Paid in the Current Year:

Year	Date Paid (Mo/Da/Yr)	Amount

Enter Any Additional Foreign Tax Information:



2015

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6				1	2	3	4							1
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	23	24	25	26	27	28	29	
31														30	31						30	31					

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
		1	2	3	4	5					1	2	3		1	2	3	4	5	6	7				1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12		
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19		
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26		
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31				

2016

JANUARY							FEBRUARY							MARCH							APRIL								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
					1	2		1	2	3	4	5	6				1	2	3	4	5							1	2
3	4	5	6	7	8	9	7	8	9	10	11	12	13	6	7	8	9	10	11	12	3	4	5	6	7	8	9		
10	11	12	13	14	15	16	14	15	16	17	18	19	20	13	14	15	16	17	18	19	10	11	12	13	14	15	16		
17	18	19	20	21	22	23	21	22	23	24	25	26	27	20	21	22	23	24	25	26	17	18	19	20	21	22	23		
24	25	26	27	28	29	30	28	29						27	28	29	30	31			24	25	26	27	28	29	30		
31																													

MAY							JUNE							JULY							AUGUST										
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S				
	1	2	3	4	5	6	7				1	2	3	4							1	2				1	2	3	4	5	6
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13				
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20				
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27				
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31							
														31																	

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
					1	2	3						1				1	2	3	4	5							1	2	3
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10			
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17			
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24			
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31			
							30	31																						

2017

JANUARY							FEBRUARY							MARCH							APRIL							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6	7				1	2	3	4				1	2	3	4								1
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8	
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22	
29	30	31					26	27	28					26	27	28	29	30	31	23	24	25	26	27	28	29		
																					30							

MAY							JUNE							JULY							AUGUST							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6					1	2	3							1				1	2	3	4	5
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	
28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30	31			
														30	31													

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
					1	2		1	2	3	4	5	6	7				1	2	3	4							1	2
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9		
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16		
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23		
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30		
																					31								



NOTE: Only complete Forms 34 and/or 35 if in 2016:

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width:100%;" type="text"/>		

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width:100%;" type="text"/>		



NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) _____

Age of the beneficiary _____

Date(s) of gift(s) (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., \$14,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



2016

General Information:

Name and address of present employer:

Taxpayer:

Spouse:

Name . . . Address City . . . State . . . ZIP Code Foreign Province/State/County Foreign Country Foreign Postal Code

Name . . . Address City . . . State . . . ZIP Code Foreign Province/State/County Foreign Country Foreign Postal Code

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Alabama for all of 2016, enter the dates you did live in Alabama Enter the state names other than Alabama for which you had income

Education Savings:

Did you or your spouse make any contributions to an Alabama Prepaid Affordable College Tuition Program or Alabama College Education Savings Program account? Yes No

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax: General use Automotive vehicles Farm machinery and equipment

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Senior Services Trust Fund Alabama Arts Development Fund Alabama Nongame Wildlife Fund Child Abuse Trust Fund Alabama Veteran's Program Alabama State Historic Preservation Fund Alabama Firefighters Annuity and Benefit Fund Cancer Research Institute USS Alabama Battleship Commission Archive Services Fund Foster Care Trust Fund Mental Health Alabama Breast & Cervical Cancer Program Victims of Violence Assistance Alabama Military Support Foundation Alabama Veterinary Medical Foundation Spay-Neuter Program Alabama Association of Rescue Squads Children First Trust Fund

Alabama Election Campaign Fund Contribution - Democratic Party - Republican Party



2016

General Information:

Number of developmentally disabled individuals

Names of developmentally disabled individuals

Type of disability

Taxpayer		Spouse	
Yes	No	Yes	No

Do you qualify as being deaf for personal credit purposes?

Early Childhood Program certification number

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Arkansas for all of 2016, enter the dates you did live in Arkansas

Enter the state names other than Arkansas where you had income

Education Savings:

Did you or your spouse make any contributions to an Arkansas Tax Deferred Tuition Savings Program account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Check-Off Contribution:

Enter the amount you wish to contribute on your 2016 tax return to:

Arkansas Disaster Relief Fund	
Arkansas Game and Fish Foundation	
Arkansas School for the Blind and Deaf	
Baby Sharon's Children Catastrophic Illness Grant Program Trust Fund	
Organ Donor Awareness Education Program	
Military Family Relief Program	
Arkansas Area Agencies on Aging	
Newborn Umbilical Cord Initiative	
Arkansas Tax Deferred Tuition Savings Program	

Enter Any Additional Arkansas Information:



2016

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax []

Residency Information:

Complete this section only if you were a resident of any other state during any portion of the year. Taxpayer Spouse. If you became a resident of California in 2016, enter - State of prior residence abbreviation - Date of move (Mo/Da/Yr). If you became a nonresident of California in 2016, enter - New state of residence abbreviation - Date of move (Mo/Da/Yr). If you were a military nonresident, enter state of residence abbreviation. If you were a military nonresident, enter state stationed in abbreviation. If you were a prior resident of California, enter the date you moved back to California (Mo/Da/Yr). If you were a prior resident of California, enter the date you left California (Mo/Da/Yr). Did you own homes and/or properties in California during 2016? Yes No Yes No. How many days during 2016 were spent in California? Date entered California if prior to 2016 (Mo/Da/Yr). Date left California if prior to 2016 (Mo/Da/Yr).

Voluntary Contributions: Enter the amount you wish to contribute on your 2016 tax return to the following funds:

California Seniors Special Fund
Alzheimer's Disease/Related Disorders Fund
Rare and Endangered Species Preservation Program
California Breast Cancer Research Fund
California Firefighters' Memorial Fund
Emergency Food for Families Fund
California Peace Officer Memorial Foundation Fund
California Sea Otter Fund
CA Cancer Research Fund
Child Victims of Human Trafficking Fund
School Supplies for Homeless Children Fund
State Parks Protection Fund/Parks Pass Purchase
Protect Our Coast and Oceans Fund
Keep Arts in School Fund
State Children's Trust Fund for the Prevention of Child Abuse
Prevention of Animal Homelessness & Cruelty Fund
Revive the Salton Sea Fund
California Domestic Violence Victims Fund
Special Olympics Fund
Type 1 Diabetes Research Fund



2016

Colorado Information

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay state sales or use tax

If you live in a special use tax district, enter the name of the district _____

Enter the amount of Internet or out of state purchases for which you did not pay special district sales or use tax . . .

Residency Information:

Taxpayer	
From (Mo/Da/Yr)	To (Mo/Da/Yr)

Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Colorado for all of 2016, enter the dates you did live in Colorado _____

Enter the state names other than Colorado where you had income . . . _____

Education Savings:

Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account? Yes No

If Yes, enter the following:

TS	Account Holder Name	Account Holder Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Nongame and Endangered Wildlife Cash Fund	<input type="text"/>	Round Up River Ranch Fund	<input type="text"/>
Colorado Domestic Abuse Program Fund	<input type="text"/>	9Health Fair Fund	<input type="text"/>
Homeless Prevention Activities Program Fund	<input type="text"/>	Colorado Youth Corps Association Fund	<input type="text"/>
American Red Cross Colorado Disaster Response Readiness and Preparedness Fund	<input type="text"/>	Public Education Fund	<input type="text"/>
Western Slope Military Veterans' Cemetery Fund	<input type="text"/>	Colorado Healthy Rivers Fund	<input type="text"/>
Pet Overpopulation Fund	<input type="text"/>	Alzheimers Association Fund	<input type="text"/>
Colorado for Healthy Landscapes Fund	<input type="text"/>	Colorado Cancer Fund	<input type="text"/>
Habitat for Humanity of Colorado Fund	<input type="text"/>	Make-A-Wish Foundation of Colorado Fund	<input type="text"/>
Military Family Relief Fund	<input type="text"/>	Unwanted Horse Fund	<input type="text"/>
Special Olympics of Colorado Fund	<input type="text"/>	Colorado Multiple Sclerosis Fund	<input type="text"/>

Enter Any Additional Colorado Information:



2016

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax:

Combine individual purchases less than \$300 each per category and enter the total purchase amount.

Luxury items	
Computer and data processing services	
Other purchases	

For any amounts entered, include the date of purchase, description, purchase price, and tax paid.

Residency Information:

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Connecticut for all of 2016:

Enter the dates you did live in Connecticut

List the prior/new state of residence

Enter the state names other than Connecticut where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a Connecticut Higher Education Trust (CHET) account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	CHET Account Number	2016 Amount Contributed

Nonresident and Part-Year Resident Employee Apportionment Worksheet Information:

If your employment required you to perform services both inside and outside Connecticut and you do not know the actual amount of income you earned in Connecticut and you were an employee who was compensated, complete the information below:

Basis for apportionment: Working days (1), Sales (2), Mileage (3)

Days/sales/miles outside Connecticut

Days/sales/miles inside Connecticut

Nonworking days (only to be used with working days basis for apportionment)

Total income being apportioned

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

AIDS Research Education Fund	
Organ Transplant Fund	
Endangered Species/Wildlife Fund	
Breast Cancer Research Fund	
Safety Net Services Fund	
Military Family Relief Fund	
Connecticut Higher Education Trust (CHET) Baby Scholar Fund	



2016

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in the District of Columbia for all of 2016, enter the dates you did live in the District of Columbia

Enter the state names other than the District of Columbia where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account?
If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Property Tax Credit Information:

TS

What type of property is the property tax credit for? Private home Apartment Rooming house

Were you physically or mentally impaired on January 1, 2016? Yes No

Is your disability expected to last 12 months or more? Yes No

Did you file a physician's certification in prior years? Yes No

Physician's name

Physician's address

Physician's apartment number

Physician's city, state and ZIP code

Physician's telephone number

Landlord's name

Landlord's address

Landlord's apartment number

Landlord's city, state and ZIP code

Landlord's telephone number

Business Credits

Organ and Bone Marrow Donor Credit

Job Growth Incentive Act Credit



2016

Unincorporated Business Franchise Tax Information:

General Information:

TSJ _____

Number of business locations:

 Within DC _____

 Outside DC _____

DC business tax number _____

Federal employer I.D. number _____

Fiscal year begin date _____

Fiscal year end date _____

Business name _____

Business street address _____

Business city, state, and ZIP code _____

Supplemental Information:

Principal business activity _____

Type of ownership _____

Date business began (Mo/Da/Yr) _____

Was the business terminated during 2016? Yes No

 If Yes, enter the termination date and reason below.

 Termination date (Mo/Da/Yr) _____

 Termination reason _____

IRS Service Center where the 2016 federal income tax return was filed _____

Taxpayer name shown on the 2016 federal income tax return filed _____

Have you filed annual Federal Information Return Forms 1096 and 1099? Yes No

 If No, enter the reason for not filing Forms 1096 and 1099 _____

Which method is used on the federal income tax return? Accrual Cash Other (specify) _____

Did you withhold DC income tax from your employees' wages during 2016? Yes No

 If No, enter the reason for not withholding DC income tax _____

Did you file a DC franchise tax return for the business for 2015? Yes No

 If No, enter the reason for not filing a DC franchise tax return _____

Did you file an annual ballpark fee return? Yes No

Has the IRS made or proposed any adjustments to your 2016 income tax return, or did you file any amended federal income tax returns? Yes No

Enter Any Additional District of Columbia UBT Information:



2016

General Information:

Taxpayer Disability Information:

Type
Date (Mo/Da/Yr)

Spouse Disability Information:

Type
Date (Mo/Da/Yr)

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Georgia for all of 2016, enter the dates you did live in Georgia
Enter the state names other than Georgia where you had income

Education Savings:

Did you or your spouse make any contributions to a Georgia Path2College 529 Plan account?

Yes	No
-----	----

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Wildlife Conservation Fund	
Fund for Children and Elderly	
Cancer Research Fund	
Land Conservation Program	
National Guard Foundation	
Dog and Cat Sterilization Fund	
Saving the Cure Fund	
Realizing Educational Achievement Can Happen	

Enter Any Additional Georgia Information:



2016

General Information:

County of residence

Jury duty pay returned to employer

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify as deaf or disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Residency Information:

If you did not live in Hawaii for all of 2016, enter the dates you did live in Hawaii

Enter the state names other than Hawaii where you had income

From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

Voluntary Contributions:

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$2 to the Hawaii Public Libraries Fund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Low-Income Household Renters:

Address

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
Dates occupied	<input type="text"/>	<input type="text"/>

Owner's name

Owner's address

Owner's tax ID number

Enter total rent paid

Enter Any Additional Hawaii Information:



2016

Idaho Information

General Information:

	Taxpayer	Spouse
	Yes No	Yes No
Are you disabled and age 62, 63 or 64?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are you the unmarried widow of a retired U.S. Civil Service employee, U.S. Military Serviceman, Idaho fireman or Idaho policeman?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Enter the amount of Internet or out of state purchases for which you did not pay sales tax ..	<input type="text"/>	<input type="text"/>

Residency Information:

	Taxpayer	Spouse
	From (Mo/Da/Yr) To (Mo/Da/Yr)	From (Mo/Da/Yr) To (Mo/Da/Yr)
If you did not live in Idaho for all of 2016, enter the dates you did live in Idaho	_____	_____
Enter the state names other than Idaho where you had income	_____	_____

	Taxpayer	Spouse
	Yes No	Yes No
Are you a resident on active military duty?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are you a military nonresident?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Education Savings:

	Yes No
Did you or your spouse make any contributions to a Idaho College Savings Program account?	<input type="checkbox"/> <input type="checkbox"/>
If Yes, enter the following:	

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Nongame Wildlife Conservation Fund	<input type="text"/>
Idaho Guard and Reserve Family Support Fund	<input type="text"/>
Children's Trust Fund/Child Abuse Prevention	<input type="text"/>
American Red Cross of Greater Idaho Fund	<input type="text"/>
Special Olympics Idaho	<input type="text"/>
Idaho Food Bank	<input type="text"/>
Veterans Support Fund	<input type="text"/>
Opportunity Scholarship Program	<input type="text"/>

Enter Any Additional Idaho Information:



2016

General Information:

Enter the total property tax paid applicable to the personal residence

Property index number _____

County name _____

Enter the amount of general merchandise for which you did not pay any sales tax

Enter the amount of qualifying food, non-prescription drugs and medical appliances for which you did not pay any sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Illinois for all of 2016, enter the dates you did live in Illinois _____

Enter the state names other than Illinois where you had income _____

Education Savings:

Did you or your spouse make any contributions to a Bright Start College Savings Pool, College Illinois Prepaid Tuition Program, or Bright Directions College Savings Pool account? Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to the following funds:

Wildlife Preservation Fund	<input type="text"/>
Special Olympics Illinois and Special Children's Charities Fund	<input type="text"/>
Alzheimer's Disease Research Fund	<input type="text"/>
Assistance to the Homeless Fund	<input type="text"/>
U.S.S. Illinois Commissioning Fund	<input type="text"/>
Autism Care Fund	<input type="text"/>
Diabetes Research Fund	<input type="text"/>

Qualified Education Expense Information:

Dependent Name	Grade (K-12)	School Name	School City	Tuition, Book/Lab Fees

Are you including a receipt for qualified education expenses? Yes No

Enter Any Additional Illinois Information:



2016

General Information:

Taxpayer

Spouse

County of residence

County of employment

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

Taxpayer From To (Mo/Da/Yr) (Mo/Da/Yr)

Spouse From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in Indiana for all of 2016, enter the dates you did live in Indiana

Enter the state names other than Indiana where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to an Indiana CollegeChoice 529 Education Savings Plan account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Nongame Wildlife Fund, Public K-12 Education Fund, Military Family Relief Fund

Deductions and Credits:

Taxpayer

Spouse

Enter the amount of Indiana lottery winnings

If you made a contribution during 2016 to an Indiana college or university, enter the following information:

Table with 3 columns: Name of College or University, Date, Amount

Renter's Deduction:

Landlord information:

Name, Address, City, State, ZIP

Rental property:

Street address, City, State, ZIP

Number of months rented in 2016

Rent paid



2016

General Information:

County of residence _____

School district number _____

Has your name or address changed since filing last year's return? Yes No

Taxpayer Spouse

Tuition and textbook expenses for Grades K-12 _____

Residency Information:

Table with columns for Taxpayer and Spouse, and sub-columns for From (Mo/Da/Yr) and To (Mo/Da/Yr)

If you did not live in Iowa for all of 2016, enter the dates you did live in Iowa _____
Enter the state names other than Iowa where you had income _____

Education Savings:

Did you or your spouse make any contributions to a College Savings Iowa or Iowa Advisor 529 Plan account? Yes No

If Yes, enter the following:

Table with columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Table with rows for Fish and Game Protection Fund, Iowa State Fair Foundation, Child Abuse Prevention Program Fund, Veterans Trust Fund/Volunteer Fire Fighter Preparedness Fund

If you wish to contribute to the 2016 Iowa election campaign fund, enter one of the following: Taxpayer Spouse

Democratic, Republican, or Campaign _____

Iowa Itemized Deductions:

Taxpayer Spouse

Enter the amount of expenses incurred for the care of a disabled relative _____
Enter any adoption expenses _____

Dependent Child Health Care Coverage:

Number of dependent(s) with health care coverage (including Medicaid or hawk-i) _____
Number of dependent(s) without health care coverage _____



2016

Federal Tax Data:

Iowa deduction for federal taxes		
Federal tax liability		
Total federal other taxes		
Federal estimated tax paid in 2015		
Federal estimated tax applied from 2014 overpayment		
Federal estimated tax paid in 2016		
Amount paid with request for federal extension		
Amount paid for federal balance due (less interest and penalties)		
Federal earned income credit		
Federal additional child tax credit		
Federal American opportunity credit		
Federal net premium tax credit		
Federal excess Social Security tax withheld		
Credit for federal tax on fuels		
Other refundable federal tax credits		
	Taxpayer	Spouse
Iowa net income		
Federal SE income		
Federal SE tax		
Federal income tax withheld		

Enter Any Additional Iowa Information:



2016

General Information:

County

School district number

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Kansas for all of 2016, enter the dates you did live in Kansas

Enter the state names other than Kansas where you had income

Education Savings:

Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account?

Yes	No
-----	----

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff)	
Senior Citizens Meals on Wheels Contribution Program	
Breast Cancer Research Fund	
Military Emergency Relief Fund	
Kansas Hometown Heroes Fund	
Kansas Creative Arts Industry Fund	

Intangibles Tax Information:

City

Township

Do you qualify as being disabled or blind?

Yes No

County



2016

Homestead and Food Sales Tax Claim Information:

Was any part of your homestead rented or used for business?

Do you want to send your 2017 homestead advancement to the county treasurer?

Is your property tax delinquent?

Are you filing as surviving spouse of a disabled veteran or an active duty service member who died in the line of duty?

Yes	No

If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer

Spouse

Household Income:

Social security death benefits

SSI and SS disability income

Other veteran's pensions benefits

TAF payments, general assistance, worker's compensation, grants and scholarships

2016 Amount

Other Household Income:

Recipient	Source	2016 Amount

Other Exempt Income:

Description	2016 Amount

Please list any other members of the household that lived with you for an extended period during the tax year. Do not include your dependents.

Name	Date of Birth (Mo/Da/Yr)	Relationship	Number of Months in Household	Social Security Number

Enter Any Additional Kansas Information:



2016

Kentucky Information

General Information:

Are you a member of the National Guard?

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

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

If you did not live in Kentucky for all of 2016, enter the dates you did live in Kentucky

From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

Enter the state names other than Kentucky where you had income

Voluntary Contributions:

Do you wish to contribute to the Political Party Fund?

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"/>

Democratic

Republican

Enter the amount of your overpayment you wish to contribute on your 2016 tax return to:

Nature and Wildlife Fund

Child Victims' Trust Fund

Breast Cancer Research and Education Trust Fund

Veterans' Program Trust Fund

Farm to Food Banks Trust Fund

Local History Trust Fund

Special Olympics Kentucky

Pediatric Cancer Research Trust Fund

Rape Crisis Center Trust Fund

Enter Any Additional Kentucky Information:



2016

General Information:

Are you engaged in commercial farming or fishing? [] Yes [] No

Enter the amount of Internet or out of state purchases for which you did not pay sales tax []

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Maine for all of 2016, enter the dates you did live in Maine _____

Enter the state names other than Maine where you had income _____

Education Savings:

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan account? [Yes] [No]

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Endangered and Nongame Wildlife Fund []

Maine Children's Trust []

Companion Animal Sterilization Fund []

Maine Military Family Relief Fund []

Maine Veterans' Memorial Cemetery Maintenance Fund []

Maine Public Library Fund []

Do you want \$3.00 to go to the Maine Clean Election Fund? [] Yes [] No

Does your spouse want \$3.00 to go to this fund? [] Yes [] No

Park Passes:

Number of park passes to be purchased:

Individual park pass? []

Vehicle park pass? []

Number of Passes []



2016

General Information:

County of residence on December 31, 2016

Incorporated city, town or taxing area on December 31, 2016

Taxpayer Spouse Yes No Yes No

Do you qualify as totally disabled?

Are you or your spouse a member of the military?

Residency Information:

From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in Maryland for all of 2016:

Enter the dates you did live in Maryland

Enter the other state of residence

Enter the state names other than Maryland where you had income

Pennsylvania residents:

What is the name of your township?

What is the name of your county?

If you are a nonresident of Maryland, did you reside the full year in your state of legal residency?

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account?

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Table with 2 columns: Fund Name, Amount

Long-Term Care Insurance Information:

Table with 5 columns: Name of Insured, Age, Social Security Number, Relationship to Taxpayer, Amount of Premium Paid

Quality Teacher Incentive Credit:

If you are a Maryland teacher and qualify for this credit:

Table with 2 columns: Taxpayer, Spouse



2016

General Information:

Has your address changed from 2015?	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify for the blind exemption?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Are you a noncustodial parent?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to choose the optional 5.85% tax rate?	<input type="checkbox"/>	<input type="checkbox"/>
Total purchases in 2016 subject to Massachusetts use tax	<input type="text"/>	
Sales/use tax paid to other state or jurisdiction	<input type="text"/>	

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Massachusetts for all of 2016, enter the dates you did live in Massachusetts	_____	
Enter the state names other than Massachusetts where you had income	_____	

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount you wish to contribute on your 2016 tax return to:		
Organ Transplant Fund	<input type="text"/>	
Endangered Wildlife Conservation	<input type="text"/>	
Massachusetts AIDS Fund	<input type="text"/>	
Massachusetts United States Olympic Fund	<input type="text"/>	
Massachusetts Military Family Relief Fund	<input type="text"/>	
Homeless Animal Prevention and Care	<input type="text"/>	

Rental Deduction Information:

Name of landlord

Rent paid



2016

Schedule HC Health Insurance Provider Information

Private or Other Government Provider

Taxpayer

Spouse

Name of Insurance Company or Administrator or Other Provider

Federal Identification Number of Insurance Company

Subscriber Number

Schedule HC Government - Subsidized Health Insurance

Taxpayer

Spouse

Commonwealth Care

ConnectorCare

MassHealth

Medicare

Veterans Administration Program Enrollment

Tri-Care

Other (see instructions). Enter only name(s) of provider(s) above

Applied for MassHealth or Commonwealth Care in 2016 and denied

Months Covered by Health Insurance (if not all of 2016)

Table with columns for months (Jan-Dec) and rows for Taxpayer and Spouse.

Other Information

Taxpayer

Spouse

Form MA 1099-HC not received

Are you claiming an exemption from the requirement to purchase health insurance based on sincerely held religious beliefs?

Did you claim a religious exemption and receive medical health care during the taxable year?

Certificate number if you obtained a Certificate of Exemption issued by the Health Insurance Connector

Monthly premium amount offered through employer's health insurance plan

Did your employer offer free health insurance?

Did your employer offer a qualifying plan that cost less than 9.56% of household income?

Are you a U.S. citizen or legal permanent resident alien?

Do you authorize the DOR to share your Schedule HC with the Commonwealth Health Insurance Connector Authority?

Enter Any Additional Massachusetts Information:

Four empty lines for additional information.



2016

General Information:

Enter your school district name

Form with checkboxes for questions about disabilities, pension, and military service. Includes columns for Taxpayer and Spouse (Yes/No).

Residency Information:

Form with tables for Taxpayer and Spouse residency dates (From/To Mo/Da/Yr) and state names.

Education Savings:

Form with Yes/No checkboxes for Michigan Education Savings Program contributions.

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2016 Amount Contributed.



2016

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2016, enter the dates you did live in Minnesota

Enter the state names other than Minnesota where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to the Nongame Wildlife Fund

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Independence	<input type="checkbox"/> Grassroots - Legalize Cannabis
	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund
Spouse:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Independence	<input type="checkbox"/> Grassroots - Legalize Cannabis
	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses	<input type="text"/>	<input type="text"/>
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization or Transportation provider		
Type of class		
Type of musical instrument		

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? Yes No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.



2016

Mississippi Information

General Information:

County of residence

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

If you had income from a state other than Mississippi during 2016, enter the name of the other state(s)

Education Savings:

Did you or your spouse make any contributions to a Mississippi Prepaid Affordable College Tuition Program (MPACT) or Mississippi Affordable College Savings (MACS) account?

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

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

- Mississippi Military Family Relief Fund
- Mississippi Wildlife Heritage Fund
- Mississippi Educational Fund
- Mississippi Commission for Volunteer Service Fund
- Mississippi Burn Care Fund
- Mississippi Wildlife Fisheries and Parks Foundation
- Mississippi Bicentennial Celebration Fund

Enter Any Additional Mississippi Information:



2016

General Information:

County of residence _____

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify as disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse qualify as a 100 percent disabled veteran?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you 60 years of age or older and did you receive surviving spouse social security benefits?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you make contributions to a health care sharing ministry?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Residency Information:

	Taxpayer		Spouse	
	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Missouri for all of 2016:				
Enter the dates you did live in Missouri	_____	_____	_____	_____
Enter the dates you lived in the other state	_____	_____	_____	_____
Enter the state names other than Missouri where you had income	_____	_____	_____	_____

Education Savings:

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account? Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Children's Trust Fund	<input type="text"/>	Pediatric Cancer Research Trust Fund	<input type="text"/>
Veteran's Trust Fund	<input type="text"/>	American Heart Association Fund	<input type="text"/>
Elderly Home Delivered Meals Trust Fund	<input type="text"/>	American Lung Association of Missouri Fund	<input type="text"/>
Missouri National Guard Trust Fund	<input type="text"/>	Amyotrophic Lateral Sclerosis (ALS) Fund	<input type="text"/>
Workers' Memorial Fund	<input type="text"/>	Arthritis Foundation Fund	<input type="text"/>
Childhood Lead Testing Fund	<input type="text"/>	March of Dimes Fund	<input type="text"/>
American Cancer Society Heartland Division Inc., Fund	<input type="text"/>	Muscular Dystrophy Association Fund	<input type="text"/>
American Diabetes Association Gateway Area	<input type="text"/>	National Multiple Sclerosis Society Fund	<input type="text"/>
American Red Cross Trust Fund	<input type="text"/>	Missouri Military Family Relief Fund	<input type="text"/>
Breast Cancer Awareness Fund	<input type="text"/>	General Revenue Fund	<input type="text"/>
Foster Care and Adoptive Recruitment and Retention Fund	<input type="text"/>	Development Disabilities Waiting List Equality Trust Fund	<input type="text"/>
Puppy Protection Trust Fund	<input type="text"/>	Donate Life Organ Donor Program Fund	<input type="text"/>
Missouri National Guard Foundation Fund	<input type="text"/>		



2016

Montana Information

General Information:

Enter the number of exemptions for handicapped dependent children

Taxpayer

Spouse

Enter your total disability payments received this year

--

--

Residency Information:

If you did not live in Montana for all of 2016, enter the dates you did live in Montana

From (Mo/Da/Yr)

To (Mo/Da/Yr)

Enter the state names other than Montana where you had income

Education Savings:

Did you or your spouse make any contributions to a Montana Family Education Savings Program or other state's qualified tuition (Section 529) plan that is not a prepaid tuition plan?

Yes

No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Taxpayer

Spouse

Nongame Wildlife Program

Agriculture in Schools

Child Abuse Prevention

Military Family Relief Fund

College Contribution Credit:

TSJ	Donation(s) Made To	Total Amount

Elderly Homeowner/Renter Credit if Over Age 62:

Number of months occupied Montana residence

--

Rent paid

--

Public assistance received

Federal Tax Data:

Federal estimated tax payment paid in 2016

Taxpayer

Spouse

Federal income taxes paid in 2016 for 2015 and prior years

Enter Any Additional Montana Information:



2016

New Hampshire Information (Page 1 of 3)

General Information:

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

Do you qualify as disabled?

If the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire, indicate which years

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in New Hampshire for all of 2016, enter the dates you did live in New Hampshire

Enter the state names other than New Hampshire where you had income

Passthrough Distributions Subject to Interest and Dividends Tax

Payer's Name	Payer's ID	Entity Type	Amount	FSO

Other Nontaxable Interest and Dividends

TSJ

Payer's Name

Payer's Identification Number

Tax-Exempt Type

Tax-Exempt Interest



2016

Proprietorship Business General Information:

Is this a final return?	<input type="checkbox"/>	<input type="checkbox"/>
Has the name changed since last year	<input type="checkbox"/>	<input type="checkbox"/>
Single Member LLC Name	_____	
Department Identification Number	_____	

Proprietorship Business Activity Information:

TS

In what city and state are the books kept?

What is the principal business activity?

What country are the records kept in if not the U.S.?

What is the state of incorporation?

What year was your first New Hampshire business return filed?

What year was the business registered with the New Hampshire Secretary of State?

Proprietorship Business Locations:

In New Hampshire:

City/Town Location of Factories, Sales Offices, Warehouses, Construction Sites

Outside New Hampshire:

Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.

Enter Any Additional New Hampshire Proprietorship Information:



2016

Single Member LLC General Information:

Is this a final return?	<input type="checkbox"/>	<input type="checkbox"/>
Has the name changed since last year	<input type="checkbox"/>	<input type="checkbox"/>
Single Member LLC Name	_____	
Department Identification Number	_____	

Single Member LLC Business Activity Information:

In what city and state are the books kept?

What is the principal business activity?

What country are the records kept in if not the U.S.?

What is the state of incorporation?

What year was your first New Hampshire business return filed?

What year was the business registered with the New Hampshire Secretary of State?

**Single Member LLC Business Locations:
In New Hampshire:**

City/Town Location of Factories, Sales Offices, Warehouses, Construction Sites

Outside New Hampshire:

Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.

Enter Any Additional New Hampshire SMLLC Information:



2016

General Information:

County or municipality of residence
How many dependents do you have attending college?

Do you qualify as disabled? Taxpayer Spouse Yes No Yes No

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

If you did not live in New Jersey for all of 2016, enter the dates you did live in New Jersey
Enter the state names other than New Jersey where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:
Endangered and Nongame Species of Wildlife Conservation Fund
Children's Trust Fund
Breast Cancer Research Fund
Vietnam Veterans' Memorial Fund
USS New Jersey Educational Museum Fund

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2016 tax return:
Fund
Amount

Other contribution funds:

- Drug Abuse Education Fund
Korean Veterans' Memorial Fund
Organ and Tissue Donor Awareness Education Fund
NJ - AIDS Services Fund
Literacy Volunteers of America - New Jersey Fund
New Jersey Prostate Cancer Research Fund
World Trade Center Scholarship Fund
New Jersey Veterans Haven Support Fund
Community Food Pantry Fund
New Jersey Farm to School and School Garden Fund
ALS Association Support Fund
Cat and Dog Spay/Neuter Fund
New Jersey Lung Cancer Research Fund
Boys and Girls Club in New Jersey Fund
New Jersey National Guard Fund
American Red Cross - NJ Fund
Girl Scouts Councils in New Jersey Fund
New Jersey Homeless Veterans Fund
Leukemia and Lymphoma Society Fund
Northern New Jersey Veterans Memorial Cemetery Development Fund
Local Library Support Fund

Do you want \$1 to go to the gubernatorial election fund? Taxpayer Spouse Yes No Yes No

Property Tax Reimbursement Application Information:

Property tax paid on principal residence
Rent paid on principal residence



2016

General Information:

Enter the name of your Indian nation, tribe or pueblo for taxpayer

Enter the name of your Indian nation, tribe or pueblo for spouse

Enter the amount of income earned on your reservation or pueblo by enrolled member

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in New Mexico for all of 2016, enter the dates you did live in New Mexico

Enter the state names other than New Mexico where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a New Mexico Education Trust Fund account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Table listing various funds like Share with Wildlife, Veterans' National Cemetery Fund, etc., with corresponding input boxes for amounts.

If you or your spouse wish to contribute \$2.00 to a political party, specify a party:

Form with checkboxes for Taxpayer and Spouse, and options for Democratic, Republican, Libertarian, Constitution, Independent American, and Green.



2016

General Information:

Resident county

School district name

School district code number

Did you make out of state, Internet or catalog purchases on which no sales tax was paid?

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY

Did you receive a property tax freeze credit?

If Yes, enter the amount

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government?

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City ZIP code

Foreign country

Residency Information:

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If you did not live in New York state for all of 2016, enter the dates you did live in New York

If you were not a resident of New York state for any of 2016, enter the number of days spent in the state

Were you a part-year resident and received New York State income during nonresidency period?

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

Address line 1

Do you still maintain these living quarters in New York?

Were New York State living quarters maintained for the entire year?

Were you a New York City resident for only part of the taxable year?

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year?

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2016?

Did you reside in public housing or other residence completely exempted from real property taxes in 2016?



2016

New York - Worksheet

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

Job #1	
	T/S ____
Wages earned	<input type="text"/>
Total days employed if less than full year	_____
Saturdays and Sundays (not worked)	_____
Holidays (not worked)	_____
Sick leave	_____
Vacation	_____
Other nonworking days	_____
Days worked outside state/city	_____
Days worked at home	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____

Job #2	
	T/S ____
Wages earned	<input type="text"/>
Total days employed if less than full year	_____
Saturdays and Sundays (not worked)	_____
Holidays (not worked)	_____
Sick leave	_____
Vacation	_____
Other nonworking days	_____
Days worked outside state/city	_____
Days worked at home	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____

Job #3	
	T/S ____
Wages earned	<input type="text"/>
Total days employed if less than full year	_____
Saturdays and Sundays (not worked)	_____
Holidays (not worked)	_____
Sick leave	_____
Vacation	_____
Other nonworking days	_____
Days worked outside state/city	_____
Days worked at home	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____

Job #4	
	T/S ____
Wages earned	<input type="text"/>
Total days employed if less than full year	_____
Saturdays and Sundays (not worked)	_____
Holidays (not worked)	_____
Sick leave	_____
Vacation	_____
Other nonworking days	_____
Days worked outside state/city	_____
Days worked at home	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____



2016

Ohio Information

General Information:

Public school district name

County of residence

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Ohio for all of 2016, enter the dates you did live in Ohio

Enter the state names other than Ohio where you had income

Education Savings:

Did you or your spouse make any contributions to an Ohio Tuition Trust Authority CollegeAdvantage 529 Savings Plan account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Taxpayer		Spouse	
Yes	No	Yes	No

Do you wish to make a contribution on your 2016 tax return to the Ohio Political Party Fund?

Enter the amount you wish to contribute on your 2016 tax return to:

State nature preserves

Wildlife species

Military injury relief fund

Ohio Historical fund

Breast and Cervical Cancer Project

Wishes for sick children

Enter Any Additional Ohio Information:



2016

General Information:

Taxpayer		Spouse	
Yes	No	Yes	No

Do you qualify as disabled?

If you are a retired U.S. Government employee receiving a federal pension,
enter the payer's name and dates you worked for the U.S. Government.

TSJ	Payer's Name	From (Mo/Da/Yr)	To (Mo/Da/Yr)

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
-----------------	---------------

If you did not live in Oregon for all of 2016, enter the dates you did live in Oregon

Enter the state names other than Oregon where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Portfolio Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

American Red Cross		Alzheimer's Disease Research	
Oregon Historical Society		OR Head Start Association	
Child Abuse Prevention		Albertina Kerr Centers	
Habitat for Humanity		Stop Domestic and Sexual Violence ..	
Oregon Food Bank		OR Military Financial Assistance	

Other Charity (Choose up to two of the following):

American Diabetes Association		Oregon Coast Aquarium	
SMART		SOLV	
St. Vincent de Paul		The Nature Conservancy	
Doernbecher Children's Hospital		Oregon Humane Society	
The Salvation Army		Oregon Veteran's Home	
Planned Parenthood of OR		LIONS	
Shriner's Hospital for Children		Special Olympics Oregon	
Susan G. Komen for the Cure		Cascade AIDS project	
Oregon Nongame Wildlife		Veterans Suicide Prevention	
ALS Association			

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Taxpayer: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families

Spouse: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families



2016

Pennsylvania Information

General Information:

Taxpayer

Spouse

Daytime telephone number (including area code) _____

Gambling and lottery winnings

Name of county _____

School district name _____

Note: If your school district has changed, update the school district shown above.

Enter the amount of Internet or out of state purchases
or services for which you did not pay sales tax

Residency Information:

From
(Mo/Da/Yr)

To
(Mo/Da/Yr)

If you did not live in Pennsylvania for all of 2016, enter the date you moved into or out of Pennsylvania:

Taxpayer _____

Spouse _____

Education Savings:

Did you or your spouse make any contributions to a Pennsylvania 529 College Savings Program or
other state's qualified tuition (Section 529) account?

Yes

No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Taxpayer

Spouse

Wild Resource Conservation

Military Family Relief Assistance

Organ Donor Awareness Trust Fund

Juvenile (Type 1) Diabetes Cure Research Fund

Breast and Cervical Cancer Research

PA Children's Trust Fund

American Red Cross

Sale of Residence Information:

If you sold your residence in 2016, enter the following information about the sold residence:

Address _____

City, state and ZIP code _____

Enter Any Additional Pennsylvania Information:



2016

General Information:

City or town of legal residence

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Rhode Island for all of 2016, enter the dates you did live in Rhode Island

Enter the state names other than Rhode Island where you had income

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay Rhode Island sales tax

Enter the amount of use tax paid to another state

Did you or your spouse make any individual purchases over \$1,000 for which you did not pay Rhode Island sales tax? Yes No

If Yes, enter the following:

Description	Amount	Sales Tax Paid

Education Savings:

Did you or your spouse make any contributions to a Tuition Savings Program account? Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Drug Program Account	
Organ Transplant Fund	
Council on the Arts	
Nongame Wildlife Appropriation	
Childhood Disease Victim's Fund	
Military Family Relief Fund	

Do you want to contribute to the Rhode Island Electoral System? Yes No

If you want to designate a party, what party do you want to specify?

Do you want to contribute to the Olympics?



2016

South Carolina Information

General Information:

County

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in South Carolina for all of 2016, enter the dates you did live in South Carolina

Enter the state names other than South Carolina where you had income

Education Savings:

Did you or your spouse make any contributions to a South Carolina College Investment Program or South Carolina Tuition Prepayment Program account?

Yes	No
-----	----

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Endangered Wildlife Fund		Litter Control Enforcement Program ..	
Children's Trust Fund		K-12 Public Education Fund	
Eldercare Trust Fund		State Parks Fund	
Veterans' Trust Fund		Military Family Relief Fund	
Donate Life South Carolina		Conservation Bank Trust Fund	
First Steps to School Readiness Trust Fund ..		Financial Literacy Trust Fund	
War Between States Heritage Trust Fund ..		Association of Habitat Affiliates	
Law Enforcement Assistance Program		Department of Natural Resources Fund	
State Forests Fund			

Classroom Teacher Expenses Credit:

Amount spent on teacher supplies and materials

Amount reimbursed from school or district

Enter Any Additional South Carolina Information:



2016

General Information:

If you are a member of an Indian nation or tribe, enter the name of the Indian nation or tribe - Taxpayer
- Spouse

Tribal enrollment or census number - Taxpayer
- Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Utah for all of 2016, enter the dates you did live in Utah
Enter the state names other than Utah where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Utah Educational Savings Plan account?
If Yes, include all Forms TC-675H and enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Pamela Atkinson Homeless Account
Kurt Oscarson Children's Organ Transplant Account
School District and Nonprofit School District Foundation
Name of School District

Canine Body Armor Account
Invest More for Education Account
Youth Development Organization Account
Youth Character Organization Account

If you or your spouse wish to contribute to the Election Campaign Fund, please specify a party:

Taxpayer [] Democratic [] Republican [] Constitution [] Libertarian [] Independent American
Spouse [] Democratic [] Republican [] Constitution [] Libertarian [] Independent American

Enter Any Additional Utah Information:

Empty table for additional information



2016

General Information:

911 street address at end of 2016, if different than mailing address

School district name

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Vermont for all of 2016, enter the dates you did live in Vermont

Enter the Canadian provinces or state names other than Vermont where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Vermont Higher Education Investment Plan account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Vermont Nongame Wildlife Fund, Vermont Children's Trust Fund, Vermont Veterans' Fund, Green Up Vermont Fund

Payments:

If you sold real estate in Vermont and the buyer withheld Vermont income tax, enter the amount withheld and include a copy of Form REW-1

Amount of 2016 estimated payments made on your behalf by a partnership, limited liability company or S corporation you are associated with

Income Adjustments:

Amount of military pay when on active duty outside Vermont, Number of months on active military duty

Amount of bond/note interest from VSAC, Amount of bond/note interest from Build America, Amount of bond/note interest from VT Telecommunication Authority, Amount of bond/note interest from VT Public Power Supply Authority



2016

Tax Credits:

Charitable Housing Credit	
Qualified Sale of Mobile Home Part Credit	
Research & Development Credit	
Affordable Housing Credit	
Rehabilitation for Older & Historic Buildings Carry Forward Credits:	
Rehabilitation of Certified Historic Buildings	
Platform Lifts, Elevators or Sprinkler Systems	
Downtown & Village Center Tax Credits:	
Historic Rehabilitation	
Facade Improvement	
Code Improvements	
Wood Products Manufacture	
Entrepreneur's Seed Capital Fund Credit	
Economic Advancement Tax Incentive Carry Forward Credits:	
Payroll Tax	
Research & Development Tax	
Capital Investment	
Workforce Development Tax	
Export Tax	
High-Tech Growth	
Sustainable Technology Research & Development Tax	
Sustainable Technology Export	

Household Income Information:

Enter household income information if claiming either the Renter Rebate or Property Tax Adjustment.

	Taxpayer	Spouse	All Others
Enter the amount you received from:			
Cash public assistance/welfare			
Veterans' benefits			
Workers' compensation			
Support money/child support			
Gifts of cash or cash equivalent			

Enter the amount you paid for child support			
Name of person paid			
Social security number of person paid			

	Name	Social Security Number
Others contributing to household income		

Renter Rebate Claim Information:

Include all Forms LC-142.

Location of rental property if not current address _____

Total rent from Form LC-142

Percent of rented property used for home if not 100% _____ %



2016

Homestead Declaration Information:

Location of homestead if not current address _____

SPAN (School Property Account Number) _____

Percent of business use of dwelling _____ %

Percent of rental use of dwelling _____ %

Are improvements of other buildings located on your parcel, other than the dwelling used for business or rented out? Yes No

Are you the grantor and sole beneficiary of a revocable trust owning the property?

Are you the life estate holder of the property?

Are you the owner of homestead property crossing town boundaries?

Are you residing in a dwelling owned by a related farmer?

Property Tax Adjustment Information:

Enclose a copy of your property tax bill and/or Lister's Certification of the homestead value and proof of payment. Enclose statement of school property tax allocable to your homestead from your land trust, cooperative or non-profit mobile home park.

Were you domiciled in VT all year? Yes No

Do you anticipate selling your housesite on or before April 1, 2017?

From 2016/2017 property tax bill:
Housesite value _____
Housesite education tax _____
Housesite municipal tax _____

Percent of ownership interest if not 100% _____ %

Mobile home lot rent from Form LC-142 _____

Allocated property tax from land trust, cooperative, or non-profit mobile home park:
Allocated education tax _____
Allocated municipal tax _____

Property tax from contiguous property if housesite has less than 2 acres:
Contiguous property education tax _____
Contiguous property municipal tax _____

Enter Any Additional Vermont Information:

Four horizontal lines for entering additional information.



2016

General Information:

City or county of residence on January 1, 2017:

Taxpayer _____
Spouse _____

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Taxpayer input box

Spouse input box

Residency Information:

Taxpayer Residency table with From and To columns

Spouse Residency table with From and To columns

If you did not live in Virginia for all of 2016, enter the dates you did live in Virginia

Enter the state names other than Virginia where you had income

Education Savings:

Did you or your spouse make any contributions to a Virginia College Savings Plan account?
If Yes, enter the following:

Yes/No checkboxes

Table with columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

- Virginia Nongame Wildlife Program
Virginia Democratic Party political contribution
Virginia Republican Party political contribution
Medicare Part D Counseling Fund
Virginia Housing Program
Elderly and Disabled Transportation Fund
Community Foundations
Virginia Arts Foundation
Open Space Recreation and Conservation Fund
Chesapeake Bay Restoration Fund
Family and Children's Trust Fund (FACT)
Virginia State Forests Fund
Virginia Uninsured Medical Catastrophe Fund
Virginia Foundation for Community College Education
Middle Peninsula Chesapeake Bay Public Access Authority
Home Energy Assistance Fund
Breast and Cervical Prevention and Treatment Fund
Virginia Federation of Humane Societies
Virginia Aquarium and Marine Science Center
Spay and Neuter Fund
Cancer Centers of Virginia
Virginia Capitol Preservation Foundation

Taxpayer input column for voluntary contributions

Spouse input column for voluntary contributions



2016

General Information:

County of residence

Do you qualify as permanently and totally disabled?

Yes No
Taxpayer
Spouse

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Enter the amount of use tax paid to another state
Enter the amount of purchase subject to municipal use tax
Enter the amount of use tax paid to another municipality
Enter the name of the municipality to which use tax was paid

Residency Information:

Table with columns: Taxpayer (From, To), Spouse (From, To)

If you did not live in West Virginia for all of 2016, enter the dates you did live in West Virginia
Enter the state names other than West Virginia where you had income

Education Savings:

Did you or your spouse make any contributions to a West Virginia College Savings Plan and Prepaid Tuition Trust Funds Account?
If Yes, enter the following:

Table with columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:
Children's Trust Fund - Taxpayer
Children's Trust Fund - Spouse

Tax Credits:

Table listing various tax credits such as Non-family adoption credit, General economic opportunity tax credit, etc.



2016

General Information:

Enter the following information pertaining to where you live:

City
Village
Town
County
School district number
Date entered nursing home
Name of nursing home

Enter the amount of adoption fees, court costs, and legal fees relating to the adoption of a child
Enter the amount of human organ donation expenses relating to the donation of a human organ
Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Amount of rent paid on your primary residence during 2016:
To a landlord who paid for heat
To a landlord who did not pay for heat

Residency Information:

If you did not live in Wisconsin for all of 2016, enter the dates you did live in Wisconsin
Are you a former resident moving back to Wisconsin?

Education Savings:

Did you or your spouse make any contributions to a Wisconsin State-Sponsored College Savings Program account?
If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2016 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:
Endangered Resources
Cancer Research
Veterans Trust Fund
Multiple Sclerosis
Military Family Relief
Second Harvest/Feeding America
Red Cross WI Disaster Relief
Special Olympics

Homestead Information:

Was your home used for nonhomestead or nonfarm purposes during the year?
Is your home part of a farm?
If No, enter the number of acres your home is located on (to the nearest tenth)
How many months during 2016 did you receive a Wisconsin Works payment of any amount for a community service job or a transitional placement or county relief of \$400 or more?



2016

General Information:

Name of city

Township

Other township

Provide your present employer's:

Name

Address

Provide your spouse's present employer's:

Name

Address

Taxpayer **Spouse**

Yes **No** **Yes** **No**

Do you qualify as deaf?

Do you qualify as disabled?

Residency Information:

Did you reside in this city for all of 2016?

Yes **No**

From (Mo/Da/Yr) **To (Mo/Da/Yr)**

If you did not reside in this city for all of 2016, enter the dates you did reside in this city

Former address

Wages Earned in Other Cities:

Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City



2016

Ohio Cities Information

General Information:

Name of city

Daytime telephone number (including area code)

If you moved during 2016, enter the date you moved (Mo/Da/Yr)

Principal business activity

Taxpayer's account number

Taxpayer's account type

2015 filing address

Are you an employee?

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

Are you a proprietor?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you file a return for 2015?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did the IRS increase your tax liability for any prior year?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, did you file an amended city return?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Is your city of residence the same as your city of employment?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Is this your final return?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, why?

Voluntary Contributions (Akron Only):

Enter the amount you wish to contribute on your 2016 tax return to:

Police equipment

Fire and EMS equipment

Parks and recreation equipment

Enter Any Additional Ohio City Information:
