

| Taxpayer Information            | Spouse Information              |
|---------------------------------|---------------------------------|
| Last name .....                 | Last name.....                  |
| First name .....                | First name .....                |
| Middle Initial..... Suffix..... | Middle Initial..... Suffix..... |
| Social security number .....    | Social security number .....    |
| Occupation .....                | Occupation.....                 |
| Work phone ..... Ext ...        | Work phone..... Ext ...         |
| Cell phone .....                | Cell phone .....                |
| E-mail address.....             | E-mail address.....             |
| Date of birth.....              | Date of birth .....             |
| Address .....                   | Apartment number.....           |
| City .....                      | State..... ZIP Code.....        |
| Home phone.....                 | Fax number .....                |

| Dependent Information   |              |  |                  |                               |                       |  |
|-------------------------|--------------|--|------------------|-------------------------------|-----------------------|--|
| First name<br>Last name | MI<br>Suffix | Social Security Number<br>Relationship | Date<br>of Birth | Months Lived<br>with Taxpayer | Child Care<br>Expense |  |
|                         |              |  |                  |                               |                       |  |
|                         |              |  |                  |                               |                       |  |
|                         |              |  |                  |                               |                       |  |
|                         |              |  |                  |                               |                       |  |

| Child and Dependent Care Provider Expenses |         |           |             |
|--|---------|-----------|-------------|
| Name                                       | Address | ID Number | Amount Paid |
|  |         |           |             |
|  |         |           |             |
|  |         |           |             |

**Education Tuition and Fees**  
 Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2016 qualified student loan interest.....

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

| Employer Name | 2015 Amount |
|---------------|-------------|
| _____         | _____       |
| _____         | _____       |
| _____         | _____       |

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

| 1099-R Payer Name | 2015 Amount |
|-------------------|-------------|
| _____             | _____       |
| _____             | _____       |
| _____             | _____       |

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

|   | Taxpayer | Spouse |
|---|----------|--------|
| Social Security Benefits from Form SSA-1099 .....     | _____    | _____  |
| Railroad Retirement Benefits from Form RRB-1099 ..... | _____    | _____  |
| Medicare B premiums withheld .....                    | _____    | _____  |
| Medicare C premiums withheld .....                    | _____    | _____  |
| Medicare D premiums withheld .....                    | _____    | _____  |

**Attach Form(s) 1099-MISC – Miscellaneous Income**

1099-MISC Payer Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach Form(s) 1099-INT – Interest Income**

| 1099-INT Payer Name | 2015 Amount |
|---------------------|-------------|
| _____               | _____       |
| _____               | _____       |
| _____               | _____       |
| _____               | _____       |

**Attach Form(s) 1099-DIV – Dividend Income**

| 1099-DIV Payer Name | 2015 Amount |
|---------------------|-------------|
| _____               | _____       |
| _____               | _____       |
| _____               | _____       |
| _____               | _____       |

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**  
 Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**  
 Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**  
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

|   | Taxpayer | Spouse |
|---|----------|--------|
| <b>Retirement Plan Contributions</b>                        |          |        |
| Traditional IRA contributions made for 2016 .....           | _____    | _____  |
| Roth IRA contributions made for 2016 .....                  | _____    | _____  |
| SEP, Keogh, Individual 401(k) or SIMPLE Contributions ..... | _____    | _____  |

**2016 Deductions**

| <b>Medical and Dental Expenses</b>  | <b>2016 Amount</b> | <b>2015 Amount</b> |
|---|--------------------|--------------------|
| Prescription medications.....   | _____              | _____              |
| Health insurance premiums .....   | _____              | _____              |
| Doctors, dentists, etc .....  | _____              | _____              |
| Hospitals, clinics, etc .....   | _____              | _____              |
| Eyeglasses and contact lenses .....   | _____              | _____              |
| Miles driven for medical purposes.....  | _____              | _____              |
| Other medical and dental expenses:<br>_____   | _____              | _____              |
| <b>Taxes</b>  | <b>2016 Amount</b> | <b>2015 Amount</b> |
| Real estate taxes paid on principal residence .....   | _____              | _____              |
| Real estate taxes paid on additional homes or land .....  | _____              | _____              |
| Auto license registration fees based on the value of the vehicle .....  | _____              | _____              |
| Other personal property taxes .....   | _____              | _____              |
| <b>Interest Expenses</b>  |                    |                    |
| Home mortgage interest paid – Attach Form(s) 1098.  |                    |                    |
| <b>Lender's Name</b>  | <b>2016 Amount</b> | <b>2015 Amount</b> |
| _____   | _____              | _____              |
| Points paid on loan to buy, build or improve main home  |                    |                    |
| <b>Lender's Name</b>  | <b>2016 Amount</b> |                    |
| _____   | _____              |                    |
| <b>Cash/Check/Credit Contributions</b>  | <b>2016 Amount</b> | <b>2015 Amount</b> |
| _____   | _____              | _____              |
| _____   | _____              | _____              |
| _____   | _____              | _____              |
| <b>Noncash Charitable Contributions</b>   |                    |                    |
| Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property. |                    |                    |
| <b>Miscellaneous Deductions</b>   | <b>2016 Amount</b> | <b>2015 Amount</b> |
| Union and professional dues .....   | _____              | _____              |
| Professional subscriptions, books, supplies .....   | _____              | _____              |
| Uniforms and protective clothing (including cleaning) .....   | _____              | _____              |
| Job search costs .....  | _____              | _____              |
| Taxpayer educator expenses.....   | _____              | _____              |
| Spouse educator expenses.....   | _____              | _____              |
| Tax return preparation fees .....   | _____              | _____              |
| Safe deposit box rental .....   | _____              | _____              |
| Gambling losses (to the extent of gambling income) .....  | _____              | _____              |
| Other expenses (list):<br>_____   | _____              | _____              |

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1 Did a lender cancel any of your debt in 2016? (Attach any Forms 1099-A or 1099-C).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? If yes, please attach details.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you purchase a motor vehicle or boat during 2016?.....<br>If yes, attach documentation showing sales tax paid.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you purchase a hybrid or electric vehicle in 2016? If yes, enter year, make, model, and date purchased: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you donate a vehicle in 2016? If yes, attach Form 1098C.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 What was the sales tax rate in your locality in 2016? ..... % State ID .....   |                          |                          |
| 7 Did your marital status change during 2016?.....<br>If yes, explain: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Were you or your spouse permanently and totally disabled in 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Do you have dependents who must file?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you provide over half the support for any other person during 2016?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you incur adoption expenses during 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you receive any disability payments in 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you receive tip income not reported to your employer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2016? If yes, attach closing or escrow statements, 1099-C or 1099-A forms.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you incur any casualty or theft losses during 2016?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you incur any non-business bad debts?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you pay any individual for domestic services in 2016?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you buy or sell any stocks or bonds in 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?..  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Did you incur any moving expenses? If yes, attach details.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Did you receive any income not included in this Tax Organizer?.....<br>If yes, please attach information.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Do you expect your income and deductions in 2017 to be the same as 2016? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, attach explanation of changes expected.   |                          |                          |
| 25a Did you and your dependents have health insurance coverage for the full year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____   |                          |                          |
| 27 Enter your state of residence..... Taxpayer _____ Spouse _____  |                          |                          |

**Electronic Filing and Direct Deposit of Refund**

|  |                          |                          |
|--|--------------------------|--------------------------|
| If your tax return is eligible for Electronic Filing, would you like to file electronically?.....  | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.<br>If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide a voided check (not a deposit slip) if your bank account information has changed.<br>What type of account is this?.....                   | Checking                 | Savings                  |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

**Estimated Tax Paid**

| Federal |        | State |        |    | Local |        |    |
|---------|--------|-------|--------|----|-------|--------|----|
| Date    | Amount | Date  | Amount | ID | Date  | Amount | ID |
|         |        |       |        |    |       |        |    |
|         |        |       |        |    |       |        |    |
|         |        |       |        |    |       |        |    |
|         |        |       |        |    |       |        |    |

**Additional Information** (Enter any additional information here and attach any documents.)

---



---



---



---