

December 6, 2016

OTA Tax Pros Inc  
17780 Fitch, Suite 170  
Irvine, CA 92614

The 2016 Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2016 income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. Prior year data is included on the organizer sections for your reference.

Please provide us with the following additional information **5 days prior** to your scheduled tax appointment. You can send us these documents via your secure SmartVault portal, email, fax, or mail:

- A full copy of your 2015 tax return (include state returns and depreciation schedules), if not prepared by OTA Tax Pros Inc
- W-2s (wages, etc.) and final paystubs
- 1099s (trading, interest, dividends, etc.)
- 1099-G (state refunds, unemployment, etc.)
- 1099-SSA (social security)
- K-1s (income/loss from partnerships, S corporations, etc.)
- 1098 (mortgage interest) and property tax statements
- 1095-A, B, or C (health coverage)
- .CSV or .XLS transaction downloads for any trading accounts
- Closing statements pertaining to real estate transactions
- Other miscellaneous tax forms (1099-K, 1099-C, 1099-SA, 1099-Q, etc.)
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities

You can find answers to common questions in our Tax Planning & Preparation series on YouTube.

[goo.gl/YYvtpC](http://goo.gl/YYvtpC)

Looking forward to a great tax season!

OTA Tax Pros Inc

2016	1040	US	Client Information	1
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**OTA Tax Pros Inc**  
**17780 Fitch, Suite 170**  
**Irvine, CA 92614**

Telephone number: **855-682-7767**  
 Fax number: **949-537-3389**  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2014 or 2015) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	ZIP code .....		
	Region .....		
	Postal code .....		
	Country .....		

Please add, change or delete information for 2016.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone .....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile
Work phone .....			
Work extension .....			
Daytime phone (table) .....			
Mobile phone .....			
Fax number .....			
E-mail address .....			
Spouse Contact Information	Home phone .....		
Work phone .....			
Work extension .....			
Daytime phone (table) .....			
Mobile phone .....			
Fax number .....			
E-mail address .....			
Taxpayer Authentication	Driver's license no. ....		
Driver's license state .....			
Expiration date (m/d/y) .....			
Issue date (m/d/y) .....			
Theft protection PIN .....			
Spouse Authentication	Driver's license no. ....		
Driver's license state .....			
Expiration date (m/d/y) .....			
Issue date (m/d/y) .....			
Theft protection PIN .....			

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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Please add, change or delete information for 2016.

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p style="text-align:center;"><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	This section's content is covered by the notes in the previous section
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	This section's content is covered by the notes in the previous section
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

Please enter all pertinent 2016 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2016 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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**Miscellaneous Questions**

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and provide additional information if necessary.

**FAMILY INFORMATION**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you were married as of the end of the year, do you plan to file separately?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do any dependents work during the year or receive money more than \$600?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay or receive any alimony during 2016?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend an accredited college or university (do not include Online Trading Academy)? |

**INCOME**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you exercise any Incentive Stock Options or sell any Restricted Stock Units?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |

**TAXES**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated tax payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you owe taxes, do you want to pay your taxes by direct withdrawal from a checking account?       |
| <input type="checkbox"/> | <input type="checkbox"/> | If you plan to make estimated tax payments, do you want to pay your estimates by direct withdrawal? |

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## Miscellaneous Questions

**FOREIGN**

Yes

No

Did you have any foreign income or pay any foreign taxes?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

**HEALTH CARE**

Did you have healthcare coverage all year?

Do you receive Long Term Care payments?

Did you make any contributions to a HSA or MSA?

Are you covered under a High Deductible Health Plan? (Minimum deductible of \$1,300 or most Bronze plans)

**MISCELLANEOUS**

Do you want to paper file your tax return?

Do you prefer not to file an extension for time to file?

Do you prefer we not discuss your tax return with the IRS?

Do you or your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

Did you incur moving expenses due to a change of employment? (Greater than 50 mile move)

Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you pay anyone older than 17 years of age at least \$1,000 for any household, business, or other services?

Did any of the following apply to you in 2016? Bankruptcy, legal proceedings, collection action, or child support in arrears.

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**Miscellaneous Questions**

- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual or trust that total more than \$14,000?
- Have you made any such gift in a prior tax year?
- Do you have a trust which may require a tax return?
- Are you a decedent, trustee, or fiduciary of someone's estate?

**ITEMIZED DEDUCTIONS**

Yes      No

- Do you pay for a safe deposit box?
- Were any of your debts cancelled or forgiven?
- Did you incur any legal fees (please describe)?
- Did you incur a loss because of damaged or stolen property?
- Did you donate securities, art, collectibles, or a vehicle to charity?
- Did you incur job search expenses (mileage, cards, resumes, recruiters, etc.)?
- Did you pay for tax preparation, software, or advice last year (other than OTA Tax Pros)?
- Does anyone owe you money which has become uncollectible? (Must be seeking recourse.)

**UNREIMBURSED EMPLOYEE EXPENSES** (skip if your employer reimburses all expenses)

- Did you regularly work from home?
- Did you work out of town any time during the year?
- Are you required to wear a uniform or work outdoors?
- Are you a college professor who incurred research expenses?
- Did you pay for a passport or visa for foreign business travel?
- Did you pay for any continuing education, certification, or licensing fees?
- Did you pay dues to a union, professional society, chamber of commerce?



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**Miscellaneous Questions**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car to drive to multiple work sites or work-related training?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a computer, phone, desk, chairs, or any other assets for work?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a professional educator who incurred expenses related to your instruction?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you pay for subscriptions to professional journals and trade magazines related to your work?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase equipment and supplies used in your work (tools, flashlight, batteries, helmet, eyewear, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you pay for any business liability or malpractice insurance premiums (do not include life or health insurance)? |

**RETIREMENT** (skip if you do not have any retirement accounts)

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you retired?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you miss any loan payments on that loan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, did you contribute to a Roth IRA or Roth 401(k)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any outstanding loans you are paying back to a 401 plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you contribute to or receive money from a deferred compensation plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or Solo 401(k) to a Roth IRA or Roth Solo 401(k) in 2016?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you plan to make a contribution for 2016 to a retirement plan before the return filing deadline (including extensions)? |

**BUSINESS & SELF-EMPLOYMENT**

- |                          |                          |                                      |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you dissolving a business?       |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in ownership? |

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## Miscellaneous Questions

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a new business or incorporate an existing one? Please provide details:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to sell, in whole or in part, a business in which you participated as a founder?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? (Please specific in a separate attachment. Do not include real estate or securities.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay anyone more than \$600? (Do not include employees or incorporated businesses.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use a formal bookkeeping software, such as QuickBooks Online?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you run a payroll in 2016 for yourself or anyone else?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you perform any work outside the home?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you perform any work from home?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you loan your business any money?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use a vehicle for work?   |

**TRADING** (skip if you did not do any trading in 2016)

Yes

No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you trades futures contracts?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you trade equities or stocks?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you trade foreign exchange currencies?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you buy, sell, or exercise options as part of a trading strategy?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make more than 500 round-trip trades?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did any trades last longer than 30 days?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a trade plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you invested more than \$25,000 of capital in a trading account?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you execute, research, plan, or track trades at least 15 hours per week, on average? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any trading or investment education during 2016?                       |

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## Miscellaneous Questions

If so, did you pay any interest on financing or credit card charges?

**REAL ESTATE** (skip if you do not own any real estate)

Yes No

Did you acquire any real estate properties?

Did you sell, dispose, or exchange any real estate properties in 2016?

If so, was it part of a Sec. 1031 exchange?

Does any family live in property you own, other than your principal home?

If so, do they pay rent or other assistance to help defray costs?

Did you refinance or take a home equity loan on any property?

Does your home equity line of credit exceed \$100,000?

Does the outstanding principal on your mortgage exceed \$1,000,000?

Are you sharing in the net profits of a rental real estate property with any other non-spouse individuals?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you and your spouse participate in real estate activities at least 500 hours during the year?

If so, did that time total more than 750 hours?

Does your business pay you rent to operate out of a home office?

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Tax Organizer

Please enter all pertinent 2016 information. If you have attached a government form for an item, check the box and do not enter a 2016 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 5 rows for Employer name input, each row starting with a checkbox.

Table with 2 columns: 2016 Amount, 2015 Amount. A shaded box labeled 'Attach Forms W-2' covers the 2016 Amount column.

INTEREST INCOME

Payer name:

Form with 5 rows for Payer name input, each row starting with a checkbox.

Table with 2 columns: 2016 Amount, 2015 Amount. A shaded box labeled 'Attach Forms 1099-INT' covers the 2016 Amount column.

DIVIDEND INCOME

Payer name:

Form with 5 rows for Payer name input, each row starting with a checkbox.

Table with 2 columns: 2016 Amount, 2015 Amount. A shaded box labeled 'Attach Forms 1099-DIV' covers the 2016 Amount column.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 5 rows for Payer name input, each row starting with a checkbox.

Table with 2 columns: 2016 Amount, 2015 Amount. A shaded box labeled 'Attach Forms 1099-R & W-2G' covers the 2016 Amount column. Below the table are two rows for 'Winnings not reported on W-2G' and 'Total gambling losses'.

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Table with 2 columns: 2016 Amount, 2015 Amount. A shaded box labeled 'Attach Forms 1099' covers the 2016 Amount column.

- Form 1099-G - State tax refunds

Table with 2 columns: 2016 Amount, 2015 Amount. A shaded box labeled 'Attach Forms 1099' covers the 2016 Amount column.

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2016 Amount, 2015 Amount. A shaded box labeled 'Attach Forms 1099' covers the 2016 Amount column.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2016 Amount, 2015 Amount. A shaded box labeled 'Attach Forms 1099' covers the 2016 Amount column.

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2016 Amount	2015 Amount
Description of property .....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address .....		
City .....		
State .....		
ZIP code .....		
Type of property (see table) .....		
Other type of property .....		
Number of days rented .....		

Percentage of ownership if not 100% (.xxxx) .....		1=did not actively participate. . . . .	
Percentage of tenant occupancy if not 100% (.xxxx) .....		1=RE prof., activity is trade or business, 2=RE prof., not trade or business .....	
1=spouse, 2=joint .....		1=rental other than real estate .....	
1=qualified joint venture .....		1=investment .....	
1=nonpassive activity, 2=passive royalty .....		1=single member limited liability company .....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....			

**INCOME**

	2016 Amount	2015 Amount
Rents or royalties received .....		

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

**2016 1040 US Tax Organizer**

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....		
Spouse: Alimony received.....		
Other: _____		

**RETIREMENT PLAN CONTRIBUTIONS**

	2016 Amount	2015 Amount
Taxpayer: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum).....		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		
Spouse: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum).....		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

<input type="checkbox"/> Form 1098-E - Student loan interest.....	<b>Attach Forms 1098</b>	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

**AFFORDABLE CARE ACT**

<input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement.....	<b>Attach Forms 1095</b>	
<input type="checkbox"/> Form 1095-B - Health Coverage.....		
<input type="checkbox"/> Form 1095-C - Employer-Provided Health Insurance Offer and Coverage.....		

**ADJUSTMENTS TO INCOME**

Taxpayer:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		
_____		
_____		
Alimony paid - Recipient name & SSN.....		
_____		
_____		
Spouse:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		
_____		
_____		
Alimony paid - Recipient name & SSN.....		
_____		
_____		

**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....		
Doctors, dentists and nurses.....		
Hospitals and nursing homes.....		
Insurance premiums.....		
Long-term care premiums - taxpayer.....		
Long-term care premiums - spouse.....		
Insurance reimbursement.....		
Out-of-pocket lodging and transportation expenses.....		
Number of medical miles.....		
Other: _____		
_____		

**TAXES PAID**

State income taxes - 1/16 payment on 2015 state estimate.....		
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Please enter all pertinent 2016 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				
1=covered by plan, 2=not covered.....				
2016 payments from 1/1/17 to 4/17/17.....				

**ROTH IRA CONTRIBUTIONS**

Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....				
Individual 401k: SE designated Roth contributions (1=max.) .....				
<b>SIMPLE contributions:</b>				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care).....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) .....				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
<b>Other adjustments to income:</b>				
_____				
_____				
_____				

Alimony paid:	Taxpayer	Spouse
Recipient's first name.....		
Recipient's last name.....		
Recipient's SSN.....		
Amount paid .....	2015 amt:	2015 amt:

2016	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2016 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2016, a high deductible health plan is one with an annual deductible that is not less than \$1,300 for self-only coverage or \$2,600 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,650 for self-only coverage or \$12,900 for family coverage.

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date .....				

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1) ..				
Distributions included above that were rolled over to another HSA .....				
Total unreimbursed qualified medical expenses ...				

	<b>32.1</b>
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Please enter 2016 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2016 Amount	2015 Amount
Form .....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Excess casualty losses .....		
Allowable casualty losses .....		
Other direct expenses:		
_____		
_____		
_____		

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.

**VEHICLE INFORMATION**

	2016 Amount	2015 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

**VEHICLE 1**

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

**VEHICLE 2**

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2016 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2016 . . .				
Employer-provided benefits forfeited in 2016 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Title or suffix . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2016 . . . . .		2015 amt:
	1=disabled . . . . .		
1=spouse, 2=joint . . . . .			

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Title or suffix . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2016 . . . . .		2015 amt:
	1=disabled . . . . .		
1=spouse, 2=joint . . . . .			

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City . . . . .		
	State . . . . .		
	ZIP code . . . . .		
	Foreign region . . . . .		
	Foreign postal code . . . . .		
	Foreign country . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2016 . . . . .		2015 amt:
1=spouse, 2=joint . . . . .			

Please complete the information below if you paid qualified education expenses in 2016 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....	
First name .....	
Last name .....	
Social security number .....	
Number of years hope credit claimed .....	
Number of prior years AOC claimed .....	
1=student was NOT enrolled at least half-time for at least one academic period that began in 2016 (or the first 3 months of 2017 if the qualified expenses were made in 2016) at an eligible institution in a qualified program. ....	
1=student completed first four years of post-secondary education before 2016. ....	
1=student was convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance. ....	

**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....	
Street address .....	
City .....	
State .....	
ZIP code .....	
1=2016 Form 1098-T was NOT received. ....	
1=2016 Form 1098-T received with Box 2 & 7 completed. ....	
1=2015 Form 1098-T received with Box 2 & 7 completed. ....	
Federal ID number from Form 1098-T .....	

**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....	
Street address .....	
City .....	
State .....	
ZIP code .....	
1=2016 Form 1098-T was NOT received. ....	
1=2016 Form 1098-T received with Box 2 & 7 completed. ....	
1=2015 Form 1098-T received with Box 2 & 7 completed. ....	
Federal ID number from Form 1098-T .....	

**QUALIFIED EDUCATION EXPENSES**

	2016 Amount	2015 Amount
Qualified tuition & fees paid in 2016 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution. ....		
Books & supplies not entered above. ....		
Amount of prior year refund or assistance * .....		

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

