

2016

1040

US

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.

GENERAL TAX QUESTIONS

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, marriages, divorces or deaths in your immediate family during 2016? (Not grown / non-dependent children) |
| <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 in 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have children under age 19 or full-time students under age 24 at the end of 2016 with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older (24 or older if full time student) at the end of 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you earn income or pay taxes in another State? Y/N____ Earn income or pay taxes in a foreign country? Y/N____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in, signature or other authority over a financial account in a foreign country (bank, security or other financial account)? Y/N____ Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trustor did you have an interest in any foreign assets or accounts? Y/N____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay someone to care for your children (under the age of <u>13</u>) while you worked or looked for work? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive Social Security or Unemployment benefits? Repay Social Security or Unemployment benefits? Please provide form SSA-1099 or 1099-G. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property, exchange one mutual fund to another in 2016? For any sales, <u>please provide your 1099-B and any cost basis information.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell or refinance a principal residence or second home, or did you take out a home equity loan? If so, please provide your FINAL closing escrow statement (aka Final HUD-1 Statement). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, convert a personal residence to rental property, or acquire an interest in a partnership, S-Corporation or REMIC? |

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Miscellaneous Questions

- ☐ ☐ Did you receive a 1099-C (cancellation of any debt) or a 1099-A due to abandonment or foreclosure of a property? If so please provide the form.
- ☐ ☐ Did anyone owe you money which has become uncollectible (usually not family)? All attempts to collect debt (legal action) must have been exhausted.
- ☐ ☐ Did you receive a distribution from a retirement plan(401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so **please provide form 1099-R**.
- ☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan? Y/N_____. Did we assist you with this financial transaction? Y/N_____.
- ☐ ☐ Did you make a contribution to any of the above listed retirement accounts? Y/N_____. Did we assist you with this financial transaction? Y/N_____.
- ☐ ☐ Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2016?
- ☐ ☐ Did you purchase any special clothing, tools, equipment, trade journals, books, publications or other material related to your job? Work out of town or use your car for work?
- ☐ ☐ Did you purchase any motor vehicles, RV or boat in 2016? If so, please provide documentation containing the sales tax paid (sales contract).
- ☐ ☐ Did you incur education costs for yourself, your spouse or your dependent children? Y/N_____. **Please provide form 1098-T for tuition paid (may be online).** Did you receive a distribution from any education account? Y/N_____.
- ☐ ☐ Did you obtain documentation from the recipient organization for all charitable contributions listed in this organizer? (Only contributions with this documentation are deductible under IRS law).
- ☐ ☐ Did you incur moving expenses due to a change of employment?
- ☐ ☐ Did you have an HSA (Health Savings Account) account? Y/N_____. If so, please provide the **year end statement, form 5498-SA or form 1099-SA**.
- ☐ ☐ Did you incur a loss because of damaged or stolen property? Y/N_____. Was this loss covered by insurance? Y/N_____.
- ☐ ☐ Did you and your dependents have healthcare coverage for the full year 2016?
- ☐ ☐ You should have received one or more of the following IRS documents. Form **1095-A** (Health Insurance Marketplace Statement), **1095-B** (Health Coverage) or form **1095-C** (Employer Provided Health Insurance Offer and Coverage) **Please provide these to us.**

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Miscellaneous Questions

- ☐ ☐ If you or your dependents did not have health coverage during the year, do you fall in an exemption category? If you received an exemption certificate, please provide.
- ☐ ☐ Did you pay premiums for or receive long-term care insurance benefits?
- ☐ ☐ Did you or your spouse make any gifts totalling in excess of \$14,000 (amt subject to change) per spouse during the year?
- ☐ ☐ Do you expect your 2016 taxable income and withholdings to be significantly different from 2016?
- ☐ ☐ Did you add any energy efficient property to your home in 2016? Energy efficient property specifically refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump. If so please provide invoice or contract.
- ☐ ☐ If you have an overpayment of taxes, do you want your refund directly deposited to **more than one** financial account (checking, savings, and retirement)?
- ☐ ☐ Are you currently in a Registered Domestic Partnership (RDP)? Y/N_____. Was it recorded with your Secretary of State? Y/N_____.
- ☐ ☐ CA residents only - Did you rent for more than 5 months?
- ☐ ☐ CA residents only - Did you pay CA sales tax on your out of state purchased goods such as through the internet?

EXECUTIVE TAX MANAGEMENT PROGRAM

Yes No

- ☐ ☐ Have you reviewed the Executive Tax Management Program sheet attached and indicated that you wish to participate or not participate?

DISCLOSURES

Yes No

- ☐ ☐ Enclosed or attached are the annual disclosures. Please review and sign the 3 signature areas (joint returns, both please sign). Your disclosures cover our privacy policy, standard engagement for services and use of IRS data. **We must have all disclosures signed before we can complete your tax return.** Thanks in advance.

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FINANCIAL PLANNING QUESTIONS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse have a pension or retirement plan at your current or prior job? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse have a 401(k) that we have not yet reviewed? Y/N____. Would you like us to review it? Y/N____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you and/or your spouse currently have an up to date will/trust in place? Y/N____. Do you need an attorney referral? Y/N____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse have any IRA / Roth IRA accounts? Y/N____. Would you like us to review/manage these accounts? Y/N____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse have any Fixed / Variable Annuities? Y/N____. Would you like us to review/manage these accounts? Y/N____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or your spouse currently covered by any type of life insurance? Y/N____. Would you like a quote for life insurance? Y/N____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you be interested in a full life insurance policy review? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or your spouse currently covered by any Long-Term care insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or your spouse interested in Private Money Management? (minimum of \$250,000.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you interested in college planning for your children or grandchildren? |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you be interested in a comprehensive financial checkup? |

MISCELLANEOUS

Downing Tax & Financial Service strives to be more environmentally friendly as well as keep pace with advances in technology that make your experience easier and more enjoyable. This year, your copy of the 2016 tax return, plus copies of your disclosures and source documents will be available through our secure portal website, Secure Drawer (access www.downingtax.com, click on the "tools" tab, then click on "access my secure drawer"). You may print, store or send copies of your documents including tax returns at your discretion from the comfort of your home. **If you do NOT have computer access (no e-mail address or internet access), please initial here _____ and we will provide you with a paper copy.** If you have computer access but would also like us to print a paper copy of the tax return, initial here _____. There will be an additional \$15.00 printing charge.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do we have a valid E-mail address on file (See general info sheet)? If not, please provide the best e-mail address for us to use. Organizers along with any other documents, will be provided to you via our secure portal system. |
|--------------------------|--------------------------|--|

Downing Tax & Financial Service

Robert W Downing - EA, ATA, CSA

Nicole J Downing - EA

EXECUTIVE TAX MANAGEMENT PROGRAM

Throughout the year, many tax issues arise that require the attention of your Enrolled Agent. Our firm normally bills our clients for these services on an as needed basis. To address these issues we offer you our Executive Tax Management Program.

The Executive Tax Management Program (ETMP) was designed to provide our clients with coverage for many of the most common tax items and issues required during the year. Consider this program like an extended warranty for tax returns. The ETM program will provide the following benefits.

1. One W-4 withholding review and re-calculation. (up to a \$85. - \$150. value)
2. Audit Representation in the event of an examination for the specified year.(up to 4 hours, a \$700. value)
3. Written and Oral responses to IRS and State tax notices and correspondence. (up to 2 hours, a \$300. value)
4. 50% discounted fee on an annual tax planning appointment or in-depth phone appointment. Applied to e-mail questions or phone questions as well. (up to 2 hours, a \$175. value)

The IRS and Franchise Tax Board are busy reviewing all tax returns and generating an ever increasing number of computerized notices informing taxpayers of potential discrepancies. These notices are erroneous more often than not. Each notice however, must be investigated and a response issued or you could end up owing tax, penalties, and interest. With a highly increased number of IRS/FTB agents (especially with full implementation of the Affordable Care Act), audits are increasing at a dramatic rate as the Government tries to shape compliance in the public.

The Executive Tax Management Program is available for the very reasonable charge of \$80 for most returns and \$115 for returns containing schedules 'C', 'E' or 'F'.

Please ask your Enrolled Agent if you qualify for this program.

I /We elect to participate_____. I/We elect to decline to participate_____ in the Executive Tax Management Program offered by Downing Tax & Financial for the tax year 2016. If I/We participate I/We agree to the terms of this service. If I/We decline participation, I/We understand the tax professionals at Downing Tax & Financial will still be available to provide the listed services at their normal rate. This agreement applies to tax year 2016.

Signature:_____ Date:_____

Signature:_____ Date:_____

Downing Tax & Financial Enrolled Agent Authorization:_____

2016	1040	US	Tax Organizer
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Downing Tax & Financial Service

27955 Smyth Drive #104

Valencia, CA 91355

~~Telephone number:~~

Fax number: 661-257-9405

E-mail address: 661-257-9543

robert@downingtax.com

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 enter all pertinent 2016 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION**Taxpayer****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		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address

In care of.

Street address

Apartment number

City

State

ZIP code

DEPENDENTS**Dependent No.****Dependent No.**

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

Dependent No.**Dependent No.**

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

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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:

☐
☐
☐
☐
☐

2016 Amount

2015 Amount

Attach Forms W-2

INTEREST INCOME

Payer name:

☐
☐
☐
☐
☐

Attach Forms 1099-INT

DIVIDEND INCOME

Payer name:

☐
☐
☐
☐
☐

Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

☐
☐
☐
☐
☐

Attach Forms
1099-R & W-2G

Winnings not reported on W-2G.....

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).

Attach Forms 1099

- ☐ Form 1099-G - State tax refunds.....

Taxpayer:

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

Attach Forms 1099

Spouse:

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

Attach Forms 1099

2016	1040	US	Tax Organizer
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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other:

RETIREMENT PLAN CONTRIBUTIONS

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)

2016 Amount	2015 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS☐ Form 1098-E - Student loan interest☐ Form 1098-T - Tuition and related expenses**Attach Forms 1098****AFFORDABLE CARE ACT**☐ Form 1095-A - Health Insurance Marketplace Statement☐ Form 1095-B - Health Coverage☐ Form 1095-C - Employer-Provided Health Insurance Offer and Coverage**Attach Forms 1095****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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Tax Organizer

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

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

4th quarter payment

Additional Estimated Tax Payments

Former spouse SSN if joint estimates.

TS

2016
Voucher Amount[illegible]

State

4th quarter payment.....

Additional Estimated Tax Payments

Paid with extension.....

TS

**2016
Voucher Amount**

[illegible]

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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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2016 information.

APPLICATION OF 2016 OVERPAYMENT (7.1)If you have an overpayment of 2016 taxes, do you want the excess refunded? ☐ or applied to 2017 estimate? ☐

Other (please explain):

2017 ESTIMATED TAX INFORMATIONDo you expect your 2017 taxable income to be different from 2016? Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your 2017 withholding to be different from 2016? Yes ☐ No ☐

If "yes" explain any differences:

7.1

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Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

Principal business/profession
 Principal business code
 Business name, if different from Form 1040
 Business address, if different from Form 1040
 City, if different from Form 1040
 State, if different from Form 1040
 ZIP code, if different from Form 1040
 Foreign region
 Foreign postal code
 Foreign country
 Employer identification number
 Other accounting method

Accounting method: 1=cash, 2=accrual
 Inventory method: 1=cost, 2=lower cost/market, 3=other
 1=change of inventory method
 1=spouse, 2=joint
 1=first Schedule C filed for this business
 If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no...
 1=not subject to self-employment tax
 1=did not "materially participate"
 1=personal services is not a material income producing factor
 1=investment
 1=minister's Schedule C
 1=single member limited liability company
 1=trader in financial instruments or commodities

INCOME

Gross receipts or sales (Form 1099-MISC, box 7)
 Returns and allowances
 Other income:

2016 Amount

2015 Amount

COST OF GOODS SOLD

Inventory at beginning of the year
 Purchases
 Cost of items for personal use
 Cost of labor
 Materials and supplies
 Other costs:

Inventory at end of the year

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Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

	2016 Amount	2015 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

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

16 p2

Capital Gains & Losses (Schedule D)

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Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2016, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=first-time homebuyer credit was previously taken on this home	
1=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	

Adjusted Basis

Original cost	
Improvements:	
.....	
.....	
.....	
Adjusted basis	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

.....	
.....	
.....	
Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	
1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint	
1=armed forces move due to permanent change of station	
Miles from old home to new work place	
Miles from old home to old work place	
Expenses for transportation and storage of household goods and personal effects	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home	

(* owned and used property as main home for at least 2 of 5 years before sale)

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Rental & Royalty Income (Schedule E)

No.

18

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

GENERAL INFORMATION

	2016 Amount	2015 Amount
Description of property		Type of Property 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% (.xxx)		1=did not actively participate. ...	
Percentage of tenant occupancy if not 100% (.xxx)		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.

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Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2016 Amount	2015 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit.
These include repairs, insurance, and utilities.

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:		

18 p2

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Vehicle Expenses

No.

22 p3

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

GENERAL INFORMATION

	2016 Amount	2015 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
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)		

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2016	1040	US	Adjustments to Income	24
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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.) ...

SIMPLE contributions:

 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

Self-employed health insurance:

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

Other adjustments to income:

Alimony paid:

Taxpayer

Spouse

Recipient's first name

Recipient's last name

Recipient's SSN

Amount paid

2015 amt:

2015 amt:

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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 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 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 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		

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Education Credits / Tuition Deduction

No.

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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

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 *

2016 Amount

2015 Amount

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

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Health Coverage Form

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Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.
Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months

Date married (if in current year)

COVERED INDIVIDUAL (#1)

(a) First name	
(a) Last name	
(b) ID number (SSN or TIN)	
(d) 1=covered all 12 months	
(e) Months of coverage:	
1=November 2015	
1=December 2015	
1=January	
1=February	
1=March	
1=April	
1=May	
1=June	
1=July	
1=August	
1=September	
1=October	
1=November	
1=December	

COVERED INDIVIDUAL (#2)

(a) First name	
(a) Last name	
(b) ID number (SSN or TIN)	
(d) 1=covered all 12 months	
(e) Months of coverage:	
1=November 2015	
1=December 2015	
1=January	
1=February	
1=March	
1=April	
1=May	
1=June	
1=July	
1=August	
1=September	
1=October	
1=November	
1=December	

COVERED INDIVIDUAL (#3)

(a) First name	
(a) Last name	
(b) ID number (SSN or TIN)	
(d) 1=covered all 12 months	
(e) Months of coverage:	
1=November 2015	
1=December 2015	
1=January	
1=February	
1=March	
1=April	
1=May	
1=June	
1=July	
1=August	
1=September	
1=October	
1=November	
1=December	

COVERED INDIVIDUAL (#4)

(a) First name	
(a) Last name	
(b) ID number (SSN or TIN)	
(d) 1=covered all 12 months	
(e) Months of coverage:	
1=November 2015	
1=December 2015	
1=January	
1=February	
1=March	
1=April	
1=May	
1=June	
1=July	
1=August	
1=September	
1=October	
1=November	
1=December	

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Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.