

CGWEB

2016 Organizer

Prepared By:

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Tampa, FL 33609

Prepared For:

2016 Client Organizer

From:

To:

Cohen & Grieb, P.A.
4890 W Kennedy Blvd Ste 370
Tampa, FL 33609
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2016 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Cohen & Grieb, P.A.
4890 W Kennedy Blvd Ste 370
Tampa, FL 33609
813-739-7200

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2016 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2015 personal income tax return.

Enter 2016 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Cohen & Grieb, P.A.

Questions

Please check the appropriate box and include all necessary details and documentation.

| | Yes | No |
|---|--------------------------|--------------------------|
| Personal Information | | |
| Did your marital status change during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent Information | | |
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) other than your dependent children during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked, looked for work, or while a full-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Purchases, Sales and Debt Information | | |
| Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any assets used in your trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment and this year it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Income Information | | |
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |

- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you buy any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?
- If yes, for what school year? _____

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience)

| | | |
|--|--------------------------|--------------------------|
| account? If yes, attach any Form(s) 1099-QA you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a business owner, did you pay health insurance premiums for your employees this year? | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deduction Information

| | | |
|--|--------------------------|--------------------------|
| Did you incur a casualty or theft loss or any condemnation awards during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay real estate taxes for your primary home and/or second home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur interest expenses associated with any investment accounts you held? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an expense account or allowance during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for other than commuting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you work out of town for part of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any expenses related to seeking a new job during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

| | | |
|--|--------------------------|--------------------------|
| Did you make gifts of more than \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a job change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. | <input type="checkbox"/> | <input type="checkbox"/> |

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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| ABLE account distributions | 71 | Gambling winnings | 8, 16, 18 |
| Adoption expenses | 82 | Gambling losses | 55 |
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| Employee business expense | 58 | Investment interest expenses | 54 |
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| Children's interest and dividend | 74, 75 | Miscellaneous itemized deductions | 55 |
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| Contracts and straddles | 20 | Moving expenses | 46 |
| Dependent care benefits received | 10 | Partnership income | 8, 36 |
| Dependent information | 1, 5 | Payments from Qualified Education Programs (1099-Q) | 8, 51 |
| Depreciable asset acquisitions and dispositions - | | Pension distributions | 8, 22 |
| Business or profession | 91, 92 | Personal property taxes paid | 53 |
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| Farm, Farm Rental | 91, 92 | Real estate taxes | 53 |
| Rent and royalty | 91, 92 | REMIC's | 14 |
| Direct deposit information | 3 | Rent and royalty, vacation home, income and expenses | 29, 30 |
| Disability income | 22, 79 | Residential energy credit | 80 |
| Dividend income, including foreign | 9, 12 | Roth IRA contributions | 24 |
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| First-time homebuyer credit repayment | 77 | Taxes paid | 53 |
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| Foreign employer compensation | 21 | Unreported tip or unreported wage income | 72 |
| Foreign taxes paid | 81 | U.S. savings bonds educational exclusion | 48 |
| Fuel tax credit | 83, 84, 85 | Wages and salaries | 8, 10 |

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: 1040 **Personal Information** 1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er))
Mark if you were married but living apart all year
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN)
Taxpayer Spouse
Social security number
First name
Last name
Occupation
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)
Mark if dependent of another taxpayer
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)
Mark if legally blind
Date of birth
Date of death
Work/daytime telephone number/ext number
Home/evening telephone number
Do you authorize us to discuss your return with the IRS? (Y, N)

Present Mailing Address

Address
Apartment number
City, state postal code, zip code
Foreign country name
Foreign phone number
In care of addressee

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

Table with columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, Dep Codes, Care expenses paid for dependent

Name of child who lived with you but is not your dependent
Social security number of qualifying person

Dependent Codes
*Basic 1 = Child who lived with you
2 = Child who did not live with you
3 = Other dependent
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit
***Month 77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return
**Other 1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact: _____

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

NOTES/QUESTIONS:

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

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ or Percent (xxx.xx) _____

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____ or Percent (xxx.xx) _____
Owner's name (First Last) _____
Co-owner or beneficiary (First Last) _____
Mark if the name listed above is a beneficiary _____

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____ or Percent (xxx.xx) _____
Owner's name (First Last) _____
Co-owner or beneficiary (First Last) _____
Mark if the name listed above is a beneficiary _____

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____

Spouse self-selected Personal Identification Number (PIN) _____

NOTES/QUESTIONS:

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| T/S/J | Type Code (**See codes below) | Interest Income | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------|-------------------------------|-----------------|-------------------|-----------------------------|---------------------------|---------------------|--------------------|------------------------|
| | 1 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 2 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 3 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 4 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 5 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 6 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 7 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 8 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 9 | Payer | | | | | | |
| | | Amounts | + | | | | | |
| | 10 | Payer | | | | | | |
| | | Amounts | + | | | | | |

| **Interest Codes | | |
|--------------------------|----------------------|------------------------|
| Blank = Regular Interest | 4 = Accrued Interest | 6 = ABP Adjustment |
| 3 = Nominee Distribution | 5 = OID Adjustment | 7 = Series EE & I Bond |

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| T S J | Type Code | (**See codes below) | Ordinary Dividends | Qualified Dividends | Total Cap Gain Distributions | Section 1250 | Sec. 1202 | 28% Capital Gain | Tax Exempt Dividends | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------------|--------------|---------------------|-----------------------|------------------------|------------------------------------|--------------|-----------|---------------------|-------------------------|---------------------------------|------------------------|--------------------------|---------------------------|
| 1 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 2 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 3 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 4 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 5 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 6 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 7 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 8 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 9 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |
| 10 | Payer | | | | | | | | | | | | |
| | Amounts | + | | | | | | | | | | | |

| | |
|-------------------------|-------------|
| **Dividend Codes | |
| Blank = Other | 3 = Nominee |

| T/S/J | | 2016 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| | Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Medical insurance premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.) | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Long-term care premiums you paid: (Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)) | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Prescription medicines and drugs: | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Miles driven for medical items | + | |
| — | _____ | + | |

| |
|----------------------------------|
| Schedule A - Tax Expenses |
|----------------------------------|

| T/S/J | | 2016 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| | State/local income taxes paid: | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| | 2015 state and local income taxes paid in 2016: | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Real estate taxes paid: | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Personal property taxes: | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Other taxes, such as: foreign taxes and State disability taxes | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Sales tax paid on major purchases: | + | |
| — | _____ | + | |
| — | _____ | + | |
| | Sales tax paid on actual expenses: | + | |
| — | _____ | + | |
| — | _____ | + | |
| — | _____ | + | |

| T/S/J | 2016 Interest Paid | 2016 Points Paid | Type* | 2016 Mortgage Ins. Premiums Paid | Prior Year Information |
|--|--------------------|------------------|-------|----------------------------------|------------------------|
| Home mortgage interest: From Form 1098 | | | | | |
| — | + | + | — | + | |
| — | + | + | — | + | |
| — | + | + | — | + | |
| — | + | + | — | + | |
| — | + | + | — | + | |
| — | + | + | — | + | |
| — | + | + | — | + | |
| — | + | + | — | + | |
| — | + | + | — | + | |

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

| T/S/J | Payee's Name | SSN or EIN | 2016 Information | Prior Year Information |
|--|--------------|------------|------------------|------------------------|
| Other, such as: Home mortgage interest paid to individuals | | | | |
| | | | + | |
| Address | | | | |
| City, state and zip code | | | | |
| | | | + | |
| Address | | | | |
| City, state and zip code | | | | |

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2016 -

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2016 (**Preparer use only**) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2016 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2016 (**Preparer use only**) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2016 _____

| T/S/J | 2016 Information | Prior Year Information |
|---|------------------|------------------------|
| Investment interest expense, other than on Schedule(s) K-1: | | |
| — | + | |
| — | + | |
| — | + | |
| — | + | |
| — | + | |
| — | + | |
| — | + | |
| — | + | |
| — | + | |

| | T/S/J | 2016 Information | Prior Year Information |
|---|---|------------------|------------------------|
| | Contributions made by cash or check (including out-of-pocket expenses) <small>Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to claim the contribution on your return.</small> | | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| | Volunteer miles driven _____ | | |
| | Noncash items, such as: Goodwill/Salvation Army/clothing/household goods | | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |

| |
|---------------------------------|
| Miscellaneous Deductions |
|---------------------------------|

| | T/S/J | 2016 Information | Prior Year Information |
|---|---|------------------|------------------------|
| | Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses | | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| | Union dues: | | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| | Tax preparation fees | | |
| — | _____ | + _____ | |
| | Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees | | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| | Safe deposit box rental | | |
| — | _____ | + _____ | |
| | Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT: | | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| | Other expenses, not subject to the 2% AGI limit: | | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| | Gambling losses: (Enter only if you have gambling income) | | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

| | | |
|--|------------------------|--|
| | Control Totals+ | |
|--|------------------------|--|

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

| | | |
|--|------------------------|--|
| | Control Totals+ | |
|--|------------------------|--|

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

| | | |
|--|------------------------|--|
| | Control Totals+ | |
|--|------------------------|--|