

Wittenberg CPA, PS
P.O. Box 1783
Shelton, WA 98584-5012

,

Dear :

We are writing to provide you with the attached income tax organizer and/or tax appointment, which is being sent via email, for those who have active email addresses on file with our firm.

If you have been pre-scheduled for an income tax appointment we are detailing it below. Please review your appointment, if provided and detailed below, and contact our office if you wish to change it to a more convenient time for you. *If you have not been scheduled and would like an appointment, please contact our office to schedule one.*

Whether or not you choose to complete a tax organizer, we request that you provide the following 2016 income tax supporting documentation:

- Forms W-2 for wages, salaries and tips.
- All 1099 Forms reporting interest, dividend, and miscellaneous income.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1's reporting income and expense activity from partnerships, LLC's, S corporations, estates and trusts.
- All 1098 Forms, as well as escrow statements, reporting expenses for mortgage interest, private mortgage insurance, property taxes and insurance.
- Closing statements pertaining to real estate transactions.
- Any recent 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.

In order to comply with new IRS regulations, your return will be electronically filed.

Sincerely,

Wittenberg CPA, PS
360-426-0230
www.WittenbergCPA.com

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 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"/>
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 \$1,900?	<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 or looked for work?	<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"/>
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 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 incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<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 lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss 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"/>
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	<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"/>

Miscellaneous Information

Did you make gifts of more than \$14,000 to any one individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any COBRA health care coverage continuation premiums?	<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"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<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, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<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"/>
Were you a grantor or transferor for a foreign trust, or do you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft?	<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"/>

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) 2 [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

Social security number Taxpayer ***-**-9999 [4] Spouse ***-**-9999 [5]

First name [6] [7]

Last name [8] [9]

Occupation [10] [11]

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) [12] 2 [14]

Mark if dependent of another taxpayer [15] [16]

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]

Mark if legally blind [20] [21]

Date of birth [22] [24]

Date of death [26] [27]

Work/daytime telephone number/ext number [28] [29] [30] [31]

Home/evening telephone number [32] [33]

Do you authorize us to discuss your return with the IRS? (Y, N) [34]

Present Mailing Address

Address [38]

Apartment number [39]

City, state postal code, zip code [40] [41] [42]

Foreign country name [44]

Foreign phone number [47]

In care of addressee [48]

Dependent Information

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

Table with 8 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 [50]

Social security number of qualifying person [51]

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.
**Other 1 = Student (Age 19 - 23), 2 = Disabled dependent, 3 = Dependent who is both a student and disabled.
***Months 77 = Reported on odd year return, 88 = Reported on even year return, 99 = Not reported on return.

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S) [1]
Employer name [3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) [5]
Mark if this is your current employer [6]
Federal wages and salaries (Box 1) + [10]
Federal tax withheld (Box 2) + [12]
Social security wages (Box 3) (If different than federal wages) + [14]
Social security tax withheld (Box 4) + [16]
Medicare wages (Box 5) (If different than federal wages) + [18]
Medicare tax withheld (Box 6) + [21]
SS tips (Box 7) + [23]
Allocated tips (Box 8) + [25]
Dependent care benefits (Box 10) + [27]
Box 13 - Statutory employee [29]
Retirement plan [30]
Third-party sick pay [31]
State postal code (Box 15) [32]
State wages (Box 16) (If different than federal wages) + [34]
State tax withheld (Box 17) + [36]
Local wages (Box 18) + [38]
Local tax withheld (Box 19) + [40]
Name of locality (Box 20) [43]

Prior Year Information grid with lines for data entry.

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2016 Information

Prior Year Information

Taxpayer/Spouse (T, S) [1]
Employer name [3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) [5]
Mark if this your current employer [6]
Federal wages and salaries (Box 1) + [10]
Federal tax withheld (Box 2) + [12]
Social security wages (Box 3) (If different than federal wages) + [14]
Social security tax withheld (Box 4) + [16]
Medicare wages (Box 5) (If different than federal wages) + [18]
Medicare tax withheld (Box 6) + [21]
SS tips (Box 7) + [23]
Allocated tips (Box 8) + [25]
Dependent care benefits (Box 10) + [27]
Box 13 - Statutory employee [29]
Retirement plan [30]
Third-party sick pay [31]
State postal code (Box 15) [32]
State wages (Box 16) (If different than federal wages) + [34]
State tax withheld (Box 17) + [36]
Local wages (Box 18) + [38]
Local tax withheld (Box 19) + [40]
Name of locality (Box 20) [43]

Prior Year Information grid with lines for data entry.

Control Totals +

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	T [1]	
Name of payer _____	[3]	
State postal code _____	[5]	
Gross distributions received (Box 1)	+ _____ [7]	
Taxable amount received (Box 2a)	+ _____ [9]	
Federal withholding (Box 4)	+ _____ [11]	
Distribution code (Box 7)	_ [14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_ [16]	
State withholding (Box 12)	+ _____ [17]	
Local withholding (Box 15)	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Mark if distribution was due to a pre-retirement age disability	_ [23]	
Control Totals +		

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_ [1]	
Name of payer _____	[3]	
State postal code _____	[5]	
Gross distributions received (Box 1)	+ _____ [7]	
Taxable amount received (Box 2a)	+ _____ [9]	
Federal withholding (Box 4)	+ _____ [11]	
Distribution code (Box 7)	_ [14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_ [16]	
State withholding (Box 12)	+ _____ [17]	
Local withholding (Box 15)	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Mark if distribution was due to a pre-retirement age disability	_ [23]	
Control Totals +		

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_ [1]	
Name of payer _____	[3]	
State postal code _____	[5]	
Gross distributions received (Box 1)	+ _____ [7]	
Taxable amount received (Box 2a)	+ _____ [9]	
Federal withholding (Box 4)	+ _____ [11]	
Distribution code (Box 7)	_ [14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_ [16]	
State withholding (Box 12)	+ _____ [17]	
Local withholding (Box 15)	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Mark if distribution was due to a pre-retirement age disability	_ [23]	
Control Totals +		

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

T [1]

State postal code

[2]

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2016 (Box 3 minus Box 4) (Box 5)

2016 Information + [8]

Voluntary Federal Income Tax Withheld (Box 6)

+ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ [12]

Prescription drug (Part D) premiums

+ [14]

Prior Year Information

Grey box for prior year information

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2016 (Box 5)

2016 Information + [22]

Federal Income Tax Withheld (Box 10)

+ [25]

Medicare Premium Total (Box 11)

+ [27]

Prior Year Information

Grey box for prior year information

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2016 or receive any prior year benefits in 2016. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

Four horizontal lines for additional information with labels [40], [41], [42], [43], [44]

NOTES/QUESTIONS:

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

Y [1]

Y [2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

[3]

[4]

Enter the total traditional IRA contributions made for use in 2016

+ _____ [5]

+ _____ [6]

Taxpayer

Spouse

Enter the nondeductible contribution amount made for use in 2016

+ _____ [11]

+ _____ [12]

Enter the nondeductible contribution amount made in 2017 for use in 2016

+ _____ [13]

+ _____ [14]

Traditional IRA basis

+ _____ [15]

+ _____ [16]

Value of all your traditional IRA's on December 31, 2016:

+ _____ [17]

+ _____ [18]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Roth IRA

Please provide copies of any 1998 through 2015 Form 8606 not prepared by this office

Taxpayer

Spouse

Mark if you want to contribute the maximum Roth IRA contribution

[27]

[28]

Enter the total Roth IRA contributions made for use in 2016

+ _____ [29]

+ _____ [30]

Enter the total amount of Roth IRA conversion recharacterizations for 2016

+ _____ [37]

+ _____ [38]

Enter the total contribution Roth IRA basis on December 31, 2015

+ _____ [41]

+ _____ [42]

Enter the total Roth IRA contribution recharacterizations for 2016

+ _____ [43]

+ _____ [44]

Enter the Roth conversion IRA basis on December 31, 2015

+ _____ [45]

+ _____ [46]

Value of all your Roth IRA's on December 31, 2016:

+ _____ [47]

+ _____ [48]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. Savings bonds in 2016 that were issued after 1989, and you paid qualified higher education expenses in 2016 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J)		T
SSN of person enrolled at eligible educational institution	_____	
Name of person enrolled at eligible educational institution (First/Last)	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
City, state, and zip code	_____	
Qualified higher education expenses you paid in 2016 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2016 for person listed above	+ _____	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)	_____	
Financial institution name (ESA) or name of program (QTP)	_____	
Financial institution address (ESA) or address of program (QTP)	_____	
City, state and zip code	_____	
Taxpayer/Spouse/Joint (T, S, J)		-
SSN of person enrolled at eligible educational institution	_____	
Name of person enrolled at eligible educational institution (First/Last)	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
City, state, and zip code	_____	
Qualified higher education expenses you paid in 2016 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2016 for person listed above	+ _____	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)	_____	
Financial institution name (ESA) or name of program (QTP)	_____	
Financial institution address (ESA) or address of program (QTP)	_____	
City, state and zip code	_____	
Taxpayer/Spouse/Joint (T, S, J)		-
SSN of person enrolled at eligible educational institution	_____	
Name of person enrolled at eligible educational institution (First/Last)	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
City, state, and zip code	_____	
Qualified higher education expenses you paid in 2016 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2016 for person listed above	+ _____	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)	_____	
Financial institution name (ESA) or name of program (QTP)	_____	
Financial institution address (ESA) or address of program (QTP)	_____	
City, state and zip code	_____	
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2016	+ _____	[3]

NOTES/QUESTIONS:

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		
T [1]	+ _____ [2]	_____	
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
	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.)		
T [4]	+ _____ [5]		
-	+ _____		
-	+ _____		
-	+ _____		
	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.))		
T [7]	+ _____ [8]		
-	+ _____		
	Prescription medicines and drugs:		
T [10]	+ _____ [11]		
-	+ _____		
-	+ _____		
T [13]	Miles driven for medical items _____ [14]		

Schedule A - Tax Expenses

T/S/J	2016 Information	Prior Year Information	
	State/local income taxes paid:		
T [18]	+ _____ [19]	_____	
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
	2015 state and local income taxes paid in 2016:		
T [21]	+ _____ [22]		
-	+ _____		
-	+ _____		
	Real estate taxes paid:		
T [24]	+ _____ [25]		
-	+ _____		
-	+ _____		
	Personal property taxes:		
T [27]	+ _____ [28]		
-	+ _____		
	Other taxes, such as: foreign taxes and State disability taxes		
T [30]	+ _____ [31]		
-	+ _____		
-	+ _____		
	Sales tax paid on major purchases:		
T [36]	+ _____ [37]		
-	+ _____		
	Sales tax paid on actual expenses:		
T [39]	+ _____ [40]		
-	+ _____		
-	+ _____		

T/S/J	2016 Interest Paid [2]	2016 Points Paid	Type*	2016 Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098				
T [1]	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	

*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			
T [4]			+	[5]
	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 _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2016 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]

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) + _____ [12]

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

Investment interest expense, other than on Schedule(s) K-1:

T [15]	_____	+	_____ [16]
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____

T/S/J	2016 Information	Prior Year Information	
Contributions made by cash or check (including out-of-pocket expenses)			
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.			
T [2]	+ _____ [3]		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
[5] Volunteer miles driven	_____ [6]		
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
T [8]	+ _____ [9]		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		

Miscellaneous Deductions

T/S/J	2016 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
T [11]	+ _____ [12]		
-	+ _____		
-	+ _____		
-	+ _____		
-	+ _____		
Union dues:			
T [14]	+ _____ [15]		
-	+ _____		
[17] Tax preparation fees	+ _____ [18]		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
T [20]	+ _____ [21]		
-	+ _____		
-	+ _____		
-	+ _____		
[23] Safe deposit box rental	+ _____ [24]		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
T [26]	+ _____ [27]		
-	+ _____		
-	+ _____		
Other expenses, not subject to the 2% AGI limit:			
T [30]	+ _____ [31]		
-	+ _____		
-	+ _____		
-	+ _____		
Gambling losses: (Enter only if you have gambling income)			
T [33]	+ _____ [34]		
-	+ _____		

Your family for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) 2016 Information Y [1] Prior Year Information Y

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type *, Full Year, Start Month, End Month. Includes a small table for exemption codes.

*Other Exemption Type Codes
A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Medicaid/TRICARE/Fiscal year employer plan
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

Table for Self-employed health insurance premiums: (Not entered elsewhere) with columns for 2016 Information (Taxpayer, Spouse) and Prior Year Information.

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

&

Social security number

***-**-9999