

General Information

	Taxpayer	Spouse
First Name	<input type="text"/>	<input type="text"/>
Middle Initial	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Suffix	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Date of Death	<input type="text"/>	<input type="text"/>
Check ("X") which phone number to list on return.		
Home Phone	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Work Phone	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Cell Phone	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Fax Number	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>
Totally Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a Dependent	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Election Fund (\$3)	<input type="checkbox"/>	<input type="checkbox"/>
Occupation	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
State of Residence as of 12/31	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31	<input type="text"/>	<input type="text"/>
School District as of 12/31	<input type="text"/>	<input type="text"/>
Sales tax rate of locality in 2016	<input type="text"/> %	<input type="text"/> %
If Part Year, Period of Residency	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

Filing Status

Status on 2015 return :

Status as of 12/31/2016 : 1 Single
Enter ("X") in the box 2 Married filing joint
 3 Married filing separately
(Enter spouse's name and SSN above)
 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
 5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____
City _____ State _____ Zip Code _____
If address is in a foreign country, enter that country . . . _____
Foreign province/county . . . _____ Foreign postal code _____
If a bona fide resident of a U.S. territory, enter territory . . . _____

Preparer's Information

Preparer's name Robert H Bowers, E.A.
Firm's name Bowers & Associates, Inc.
Street 8616 La Tijera Blvd., Suite #504
City Los Angeles State CA Zip Code 90045

Name _____

SSN _____

Questions

Yes No

Basic Information

- 1 Did your marital status change since last year?
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2016?
- 3 Are there any changes in your dependents from last year?
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 5 Are all your dependents either US residents or citizens?
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 8 Did you or a member of your family have minimum essential coverage in 2016? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- 9 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?
- 10 Were either you or your spouse in the military or National Guard?
- 11 Did you purchase or sell your principal residence?
- 12 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 13 Were there any changes to a prior year's income, deductions, or credits?
- 14 Did you make gifts of more than \$14,000 to any one person?
- 15 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2016?
- 16 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 17 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- 18 Do you want to e-file your return?
- 19 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card Installment Agreement

Direct debit from my bank account (please provide a voided blank check)

Type of account: Checking Savings

- 20 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____

Yes No

Income

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?
- 4 Did you receive tip income NOT reported to your employer?
- 5 Did you barter your services for goods or services from someone else?
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Did you make a loan to someone at an interest rate below market rate?
- 8 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 9 Did you cash in any U.S. savings bonds?
- 10 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 11 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 12 Did you receive disability income?
- 13 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
- 14 Did you receive any unemployment benefits?
- 15 During 2016, did you receive payments from a Long-Term Care insurance contract?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
- 18 Did you rollover a retirement plan distribution into another plan?
- 19 Did you receive Social Security benefits?
- 20 During 2016, did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive alimony?
- 22 Did you convert a traditional IRA to a Roth IRA?
- 23 Did you exchange any securities or investments for something other than cash?

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 24 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive payments from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 34 | Did you receive any income not reported somewhere in this Organizer? |

- | | | | |
|--------------------------|--------------------------|---|---|
| Yes | No | | <u>Business and Rental Property Income</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |

- | | | | |
|--------------------------|--------------------------|---|---|
| Yes | No | | <u>Business and Rental Property Deductions</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you purchase any furniture or equipment for your business? |

- | | | | |
|--------------------------|--------------------------|----|--|
| Yes | No | | <u>Other Deductions</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to HSA (Health Savings Account) in 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did any security become worthless during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did any debts become uncollectible during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you refinance a mortgage or take out a home equity loan during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you pay alimony? |
-

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
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<input type="checkbox"/>	43					
<input type="checkbox"/>	44					
<input type="checkbox"/>	45					
<input type="checkbox"/>	46					
<input type="checkbox"/>	47					
<input type="checkbox"/>	48					
<input type="checkbox"/>	49					
<input type="checkbox"/>	50					
<input type="checkbox"/>	51					
<input type="checkbox"/>	52					
<input type="checkbox"/>	53					
<input type="checkbox"/>	54					
<input type="checkbox"/>	55					

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
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<input type="checkbox"/>	43					
<input type="checkbox"/>	44					
<input type="checkbox"/>	45					
<input type="checkbox"/>	46					
<input type="checkbox"/>	47					
<input type="checkbox"/>	48					
<input type="checkbox"/>	49					
<input type="checkbox"/>	50					
<input type="checkbox"/>	51					
<input type="checkbox"/>	52					
<input type="checkbox"/>	53					
<input type="checkbox"/>	54					
<input type="checkbox"/>	55					

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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25							
26							

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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22							
23							
24							
25							
26							

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	_____	1		
<input type="checkbox"/>	2	_____	2		
<input type="checkbox"/>	3	_____	3		
<input type="checkbox"/>	4	_____	4		
<input type="checkbox"/>	5	_____	5		
<input type="checkbox"/>	6	_____	6		
<input type="checkbox"/>	7	_____	7		
<input type="checkbox"/>	8	_____	8		
<input type="checkbox"/>	9	_____	9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Recipient's Name	Recipient's SSN		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	_____	_____	1		
<input type="checkbox"/>	2	_____	_____	2		
<input type="checkbox"/>	3	_____	_____	3		
<input type="checkbox"/>	4	_____	_____	4		
<input type="checkbox"/>	5	_____	_____	5		
<input type="checkbox"/>	6	_____	_____	6		
<input type="checkbox"/>	7	_____	_____	7		
<input type="checkbox"/>	8	_____	_____	8		
<input type="checkbox"/>	9	_____	_____	9		

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
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	41				
	42				
	43				
	44				
	45				

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____
 Address _____
 City _____ State _____ Zip _____
 Foreign Country _____
 Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint) 1a		
1b Enter property type number (1 to 8) 1b (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<input type="text"/>	<input type="text"/>
2 Enter "X" if you actively participated? 2	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? 3	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use? 3a	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented? 3b	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received 4		
5 Rent received 5		
a If rental real estate, enter the percent of ownership if less than 100% 5a		
b Rental use percentage for property used partially for personal use only 5b		
6 Other Income 6		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising 7		
8 Cleaning and maintenance 8		
9 Commissions 9		
10 Insurance 10		
11 Legal and other professional fees 11		
12 Management fees 12		
13 a Qualified mortgage interest paid to banks, etc. 13a		
b Other mortgage interest paid to banks, etc. 13b		
14 Other interest 14		
15 Repairs 15		
16 Supplies 16		
17 a Real estate taxes 17a		
b Other Taxes 17b		
18 Utilities 18		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____ A		
B _____ B		
C _____ C		
D _____ D		
E _____ E		
F _____ F		
G _____ G		

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals and Entertainment Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 Net operating loss carryover (negative no.)			10		
11 Canceled debts			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees	7		

Other Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans	11		
<input type="checkbox"/>	12	Archer MSA deduction	12		
<input type="checkbox"/>	13	_____	13		
<input type="checkbox"/>	14	_____	14		

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter total traditional IRA contributions made for 2016	1	
2	Enter contributions, on line 1, made after 12/31/2016 and before 04/15/2017	2	
3	Enter value of all traditional IRAs on 12/31/2016	3	
4	Enter amount of any outstanding traditional rollovers as of 1/1/2017	4	
Spouse			
5	Enter total traditional IRA contributions made for 2016	5	
6	Enter contributions, on line 5, made after 12/31/2016 and before 04/15/2017	6	
7	Enter value of all traditional IRAs on 12/31/2016	7	
8	Enter amount of any outstanding traditional rollovers as of 1/1/2017	8	

Roth IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2016 Roth IRA contributions	1	
2	Enter value of all Roth IRAs on 12/31/2016	2	
Spouse			
3	Enter 2016 Roth IRA contributions	3	
4	Enter value of all Roth IRAs on 12/31/2016	4	

SIMPLE IRA

		Current Year Amount	Prior Year Amount
Filer			
1	Enter value of all SIMPLE IRAs on 12/31/2016	1	
Spouse			
2	Enter value of all SIMPLE IRAs on 12/31/2016	2	

Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2016 Coverdell ESA contributions	1	
2	Enter value of the Coverdell ESA on 12/31/2016	2	
Spouse			
3	Enter 2016 Coverdell ESA contributions	3	
4	Enter value of the Coverdell ESA on 12/31/2016	4	

Other

		Current Year Amount	Prior Year Amount
Filer			
1	Repayment of qualified reservist distributions	1	
Spouse			
2	Repayment of qualified reservist distributions	2	

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58 Union and professional dues	58			
59 Professional subscriptions	59			
60 Uniform and protective clothing	60			
61 Job search costs	61			
62 _____	62			
63 _____	63			
64 _____	64			
65 _____	65			
66 _____	66			
67 _____	67			

Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"		Current Year Amount	Prior Year Amount
68 Tax preparation fees		68		
69 Certain attorney and accounting fees		69		
70 Safe deposit box rental		70		
71 IRA Custodial fees		71		
72 Investment counsel and advisory fees		72		
73 Losses on deposits in insolvent or bankrupt financial institutions		73		
74 Convenience fees paid with credit or debit card for federal taxes in 2016		74		
75 _____		75		
76 _____		76		
77 _____		77		
78 _____		78		
79 _____		79		
80 _____		80		
81 _____		81		
82 _____		82		
83 _____		83		
84 _____		84		

Other Miscellaneous Deductions

85 Federal estate tax on income in respect of a decedent	85		
86 Amortizable bond premiums on bonds acquired before 10/23/86	86		
87 Gambling losses (if gambling income)	87		
88 Repayment of income	88		
89 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	89		
90 Certain unrecovered investment in a pension	90		
91 _____	91		
92 _____	92		
93 _____	93		
94 _____	94		
95 _____	95		
96 _____	96		

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
1	Name Address City	State	Zip Code	
2	Name Address City	State	Zip Code	
3	Name Address City	State	Zip Code	
4	Name Address City	State	Zip Code	
5	Name Address City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business Expenses

Enter "X" in one box:

Occupation in which you incurred the expenses _____

Filer

Spouse

Meals and Entertainment

- 1 Meals and entertainment expenses 1
- 2 Enter "X" in the box if subject to DOT hours of service limits 2

	Current Year Amount	Prior Year Amount
	<input type="checkbox"/>	<input type="checkbox"/>

Travel Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. 3
- 4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. 4

Other Employment Related Expenses

- 5 Business gifts 5
- 6 Employment related education expenses 6
- 7 Trade publications 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12

Employer Reimbursements

- 13 Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . . 13
- 14 Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . . 14
- 15 Enter the total expense for meals and entertainment for the period covered by the reimbursements 15

Name _____

SSN _____

Occupation in which you incurred these expenses _____

Vehicle Information - Unreimbursed Employee Business Expenses

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Average daily roundtrip commuting miles	6			
7	Parking fees and tolls	7			
8	Vehicle Interest	8			
9	Vehicle Personal Property tax	9			
Actual Expenses					
10	Gasoline, oil and repairs	10			
11	Vehicle Insurance	11			
12	Vehicle registration fees	12			
13	Vehicle lease or rental	13			
14		14			
15	Value of employer-provided vehicle (if 100% is included in W-2)	15			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Average daily roundtrip commuting miles	6			
7	Parking fees and tolls	7			
8	Vehicle Interest	8			
9	Vehicle Personal Property tax	9			
Actual Expenses					
10	Gasoline, oil and repairs	10			
11	Vehicle Insurance	11			
12	Vehicle registration fees	12			
13	Vehicle lease or rental	13			
14		14			
15	Value of employer-provided vehicle (if 100% is included in W-2)	15			

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2015 and paid in 2016 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2016
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2016
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	