



1300 Fulton Street Suite 301
Denton, Texas 76201
940.387.8930
940.565.0968 Fax

Dear Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your personal income tax return.

Enter 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 applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need 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 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,

Merki & Associates, P.C.

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.

Topic	Page	Topic	Page
ABLE account distributions	71	Gambling winnings	8, 16, 18
Adoption expenses	82	Gambling losses	55
Affordable Care Act Health Coverage	67, 68	Health savings account (HSA)	69, 70
Alaska Permanent Fund dividends	16, 75	Household employee taxes	76
Alimony paid	47	Identity authentication	5
Alimony received	16	Installment sales	39, 40
Annuity payments received	8, 22	Interest income, including foreign	9, 11
Automobile information -		Interest paid	54
Business or profession	66	Investment expenses	55
Employee business expense	58	Investment interest expenses	54
Farm, Farm Rental	66	IRA contributions	24
Rent and royalty	66	IRA distributions	8, 22
Bank account information	3	Like-kind exchange of property	41
Business income and expenses	26, 27, 28	Long-term care services and contracts (LTC)	70
Business use of home	65	Medical and dental expenses	53
Cancellation of debt	17	Medical savings account (MSA)	69, 70
Casualty and theft losses, business	61, 63	Minister earnings and expenses	26, 57, 73
Casualty and theft losses, personal	62, 64	Miscellaneous income	16, 16a, 16b
Child and dependent care expenses	78	Miscellaneous adjustments	47
Children's interest and dividend	74, 75	Miscellaneous itemized deductions	55
Charitable contributions	55, 59, 60	Mortgage interest expense	54, 56
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
Employee business expense	91, 92	Railroad retirement benefits	23
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
Early withdrawal penalty	11	S corporation income	8, 19, 36
Education Credits and tuition and fees deduction	50	Sale of business property	39, 40
Education Savings Account & Qualified Tuition Programs	51	Sale of personal residence	38
Electronic filing	4	Sale of stock, securities, and other capital assets	15, 15a
Email address	2	Self-employed health insurance premiums	26, 31, 67
Employee business expenses	57	Self-employed Keogh, SEP and SIMPLE plan contributions	25
Estate income	8, 37	Seller-financed mortgage interest received	13
Excess farm losses	88	Social security benefits received	23
Farm income and expenses	31, 32, 33	State and local income tax refunds	16
Farm rental income and expenses	34, 35	State & local estimate payments	7
Federal estimate payments	6	State & local withholding	10, 18, 22
Federal student aid application information (FAFSA)	52	Statutory employee	10, 26
Federal withholding	10, 18, 22, 23	Student loan interest paid	49
First-time homebuyer credit repayment	77	Taxes paid	53
Foreign bank accounts & financial assets	42, 43	Trust income	37
Foreign earned income & housing deduction	44, 45	Unemployment compensation	16
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.

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [26]

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. [1]

Primary account:

Financial institution routing transit number _____ [2]

Name of financial institution _____ [3]

Your account number _____ [4]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [5]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [6]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [7]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [8] or Percent (xxx.xx) _____ [9]

Secondary account #1:

Financial institution routing transit number _____ [24]

Name of financial institution _____ [25]

Your account number _____ [26]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [27]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [28]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [29]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [10] or Percent (xxx.xx) _____ [11]

Secondary account #2:

Financial institution routing transit number _____ [30]

Name of financial institution _____ [31]

Your account number _____ [32]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [33]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [34]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [35]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [14] or Percent (xxx.xx) _____ [15]

*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 _____ [12] or Percent (xxx.xx) _____ [13]

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 _____ [16] or Percent (xxx.xx) _____ [17]

Owner's name (First Last) _____ [37] _____ [38]

Co-owner or beneficiary (First Last) _____ [39] _____ [40]

Mark if the name listed above is a beneficiary [41]

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 _____ [20] or Percent (xxx.xx) _____ [21]

Owner's name (First Last) _____ [42] _____ [43]

Co-owner or beneficiary (First Last) _____ [44] _____ [45]

Mark if the name listed above is a beneficiary [46]

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 _____[1]

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

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 _____[9]

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) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____ [1]
Identification number _____ [2]
Issue date _____ [3]
Expiration date (mm/dd/yyyy) _____ [4]
Location of issuance _____ [5]
Document number (New York only) _____ [6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____ [7]
Identification number _____ [8]
Issue date _____ [9]
Expiration date (mm/dd/yyyy) _____ [10]
Location of issuance _____ [11]
Document number (New York only) _____ [12]

NOTES/QUESTIONS:

If you have an overpayment of 2016 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2017 estimated tax liability _____ [53]

Do you expect a considerable change in your 2017 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2017? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2017 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2017? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2016 Federal Estimated Tax Payments

2015 overpayment applied to 2016 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/16	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/16	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/16	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/17/17	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2015 return + _____ [3]

2015 overpayment applied to '16 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2016 City Estimated Tax Payments

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2015 return + _____ [31]		Amount paid with 2015 return + _____ [53]	
2015 overpayment applied to '16 estimates- _____ [32]		2015 overpayment applied to '16 estimates- _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2015 return + _____ [75]		Amount paid with 2015 return + _____ [97]	
2015 overpayment applied to '16 estimates- _____ [76]		2015 overpayment applied to '16 estimates- _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Wages and Salaries #1

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]

	Control Totals+
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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 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]

	Control Totals+
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Social Security, Tier 1 Railroad Benefits

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

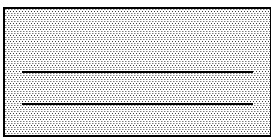
Taxpayer/Spouse (T, S) _____ [1]

State postal code _____ [2]

Social Security Benefits

	2016 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2016 (Box 3 minus Box 4) (Box 5)	+ _____ [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]	

Tier 1 Railroad Benefits

	2016 Information	Prior Year Information
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)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

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.

_____	[40]
_____	[41]
_____	[42]
_____	[43]
_____	[44]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [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:

Preparer use only

	2016 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ___ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

Rents and royalties	2016 Information	Prior Year Information
_____ + _____	[34]	_____
_____		_____

Rent and Royalty Expenses

	2016 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [36]	_____ [37]	_____
Auto	+ _____ [39]	_____ [40]	_____
Travel	+ _____ [42]	_____ [43]	_____
Cleaning and maintenance	+ _____ [45]	_____ [46]	_____
Commissions:			
_____	+ _____ [48]	_____ [50]	_____
_____	+ _____	_____	_____
Insurance:			
_____	+ _____ [51]	_____ [53]	_____
_____	+ _____	_____	_____
Legal and professional fees	+ _____ [55]	_____ [56]	_____
Management fees:			
_____	+ _____ [58]	_____ [60]	_____
_____	+ _____	_____	_____
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____ [61]	_____ [63]	_____
_____	+ _____	_____	_____
Other mortgage interest	+ _____ [64]	_____ [66]	_____
Qualified mortgage insurance premiums	+ _____ [67]	_____ [68]	_____
Other interest:			
_____	+ _____ [70]	_____ [72]	_____
_____	+ _____	_____	_____
Repairs	+ _____ [73]	_____ [74]	_____
Supplies	+ _____ [76]	_____ [77]	_____
Taxes:			
_____	+ _____ [79]	_____ [81]	_____
_____	+ _____	_____	_____
Utilities	+ _____ [82]	_____ [83]	_____
Depreciation	+ _____ [85]	_____ [86]	_____
Depletion	+ _____ [88]	_____ [89]	_____
Other expenses:			
_____	+ _____ [91]	_____	_____
_____	+ _____	_____	_____
_____	+ _____	_____	_____
_____	+ _____	_____	_____

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2016 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name _____	[93]		
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2016 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2016 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2016 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			

Vacation Home Information

	2016 Information	Prior Year Information
Number of days home was used personally _____	[6]	
Number of days home was rented _____	[8]	
Number of day home owned, if not 366 _____	[10]	
Carryover of disallowed operating expenses into 2016 + _____	[20]	
Carryover of disallowed depreciation expenses into 2016 + _____	[21]	

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [46]

Please provide all Forms 1099-K

Preparer use only

	2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	_____
Did you "materially participate" in this business? (Y, N)	_____ [12]	_____
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y, N)	_____ [14]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	_____
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	_____
Medical insurance premiums paid by this activity	+ _____ [22]	_____
Long-term care premiums paid by this activity	+ _____ [26]	_____

Schedule F Income

Sales Code**	Income description	2016 Information	Prior Year Information
—	_____	+ _____ [36]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**** Sales Codes**

1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2016 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [38]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [44]	
Total cooperative distributions you received	+ _____ [46]	
Taxable cooperative distributions you received	+ _____ [48]	

	2016 Total	2016 Taxable	Prior Year Information
Agricultural program payments			
_____	+ _____	+ _____ [51]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2016 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [53]	
Commodity credit loans reported under election:		
_____	+ _____ [55]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [57]	
Taxable commodity credit loans forfeited	+ _____ [59]	

	2016 Total	2016 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2016			
_____	+ _____	+ _____ [62]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2017		_____ [64]	
Crop insurance proceeds deferred from 2015		+ _____ [66]	

Control Totals +

Preparer use only

Description

	2016 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)		_____
_____	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)		_____
_____	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:		_____
_____	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:		_____
_____	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Preparer use only

Description _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[13]	+	[14]
Short-term capital	+	[15]	+	[16]
Long-term capital	+	[17]	+	[18]
28% rate capital	+	[19]	+	[20]
Section 1231 loss	+	[21]	+	[22]
Ordinary business gain/loss	+	[23]	+	[24]
Section 179	+	[25]	+	[26]
Excess farm loss	+	[29]	+	[30]

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

[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.)

[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.))

[7]	_____	+	_____ [8]
—	_____	+	_____

Prescription medicines and drugs:

[10]	_____	+	_____ [11]
—	_____	+	_____
—	_____	+	_____

[13]	Miles driven for medical items		_____ [14]
------	--------------------------------	--	------------

Schedule A - Tax Expenses

T/S/J

2016 Information

Prior Year Information

State/local income taxes paid:

[18]	_____	+	_____ [19]
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

2015 state and local income taxes paid in 2016:

[21]	_____	+	_____ [22]
—	_____	+	_____
—	_____	+	_____

Real estate taxes paid:

[24]	_____	+	_____ [25]
—	_____	+	_____
—	_____	+	_____

Personal property taxes:

[27]	_____	+	_____ [28]
—	_____	+	_____

Other taxes, such as: foreign taxes and State disability taxes

[30]	_____	+	_____ [31]
—	_____	+	_____
—	_____	+	_____

Sales tax paid on major purchases:

[36]	_____	+	_____ [37]
—	_____	+	_____

Sales tax paid on actual expenses:

[39]	_____	+	_____ [40]
—	_____	+	_____
—	_____	+	_____

Interest Expenses

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					
[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				
[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:	
[15] _____	+ _____ [16]
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+

Charitable Contributions

T/S/J		2016 Information	Prior Year Information
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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.

[2]	_____	+	_____ [3]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>															
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[5]	Volunteer miles driven		_____ [6]																
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods																		
[8]	_____	+	_____ [9]																
	_____	+	_____																
	_____	+	_____																
	_____	+	_____																
	_____	+	_____																
	_____	+	_____																
	_____	+	_____																

Miscellaneous Deductions

T/S/J		2016 Information	Prior Year Information
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Unreimbursed expenses, such as: Uniforms, Professional dues,
Business publications, Job seeking expenses, Educational expenses

[11]	_____	+	_____ [12]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>														
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	_____	+	_____															
[14]	Union dues:		_____ [15]															
	_____	+	_____															
	_____	+	_____															
[17]	Tax preparation fees		_____ [18]															
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees																	
[20]	_____	+	_____ [21]															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
[23]	Safe deposit box rental		_____ [24]															
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:																	
[26]	_____	+	_____ [27]															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
[30]	Other expenses, not subject to the 2% AGI limit:		_____ [31]															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
	_____	+	_____															
[33]	Gambling losses: (Enter only if you have gambling income)		_____ [34]															
	_____	+	_____															
	_____	+	_____															

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2016 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2016, if not 12 _____	[7]	
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	[9]	
Principal paid in 2016 + _____	[11]	
Interest paid during 2016 + _____	[13]	
Points reported on Form 1098 for 2016 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/15 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/16 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/15 (or first day mortgage was outstanding) _____	[28]	
Home acquisition/improvement debt as of 12/31/16 (or last day mortgage was outstanding) _____	[30]	
Home equity debt as of 12/31/15 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/16 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2016 of grandfather debt + _____	[37]	
Average balance in 2016 of home acquisition/improvement debt + _____	[39]	
Average balance for 2016 all types of debt + _____	[41]	

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]
 Was another vehicle available for personal use? (Y, N) _____ [7]
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]

2016 Information

Prior Year Information

Vehicle Information

Vehicle 1 - Date placed in service _____ [11]
 Description _____ [12]
 Comments _____
 Vehicle 2 - Date placed in service _____ [62]
 Description _____ [63]
 Comments _____
 Vehicle 3 - Date placed in service _____ [109]
 Description _____ [110]
 Comments _____
 Vehicle 4 - Date placed in service _____ [156]
 Description _____ [157]
 Comments _____

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	[20]		[69]		[116]		[163]	
Business mileage	[24]		[71]		[118]		[165]	
Average daily round trip commuting mileage	[26]		[73]		[120]		[167]	
Total commuting mileage	[28]		[75]		[122]		[169]	
Gasoline	+ [30]		+ [77]		+ [124]		+ [171]	
Oil	+ [32]		+ [79]		+ [126]		+ [173]	
Repairs	+ [34]		+ [81]		+ [128]		+ [175]	
Maintenance	+ [36]		+ [83]		+ [130]		+ [177]	
Tires	+ [38]		+ [85]		+ [132]		+ [179]	
Car washes	+ [40]		+ [87]		+ [134]		+ [181]	
Insurance	+ [42]		+ [89]		+ [136]		+ [183]	
Interest	+ [44]		+ [91]		+ [138]		+ [185]	
Registration	+ [46]		+ [93]		+ [140]		+ [187]	
Licenses	+ [48]		+ [95]		+ [142]		+ [189]	
Property taxes (Plates, tags, etc)	[50]		+ [97]		+ [144]		+ [191]	
Vehicle rentals	+ [52]		+ [99]		+ [146]		+ [193]	
Inclusion amt (Preparer only)	[54]		+ [101]		+ [148]		+ [195]	
Other vehicle expenses	[56]		+ [103]		+ [150]		+ [197]	
Value of employer provided vehicle	+ [58]		+ [105]		+ [152]		+ [199]	
Depreciation	+ [60]		+ [107]		+ [154]		+ [201]	