

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
-------------	-------------	-----------	---------------------------	----------

**Galt CPA, Professional Corporation**  
 232 NORTH LINCOLN WAY, SUITE 10  
 GALT, CA 95632  
 Telephone number: (916) 224-0811  
 Fax number: (916) 244-0105  
 E-mail address: beth@galtcpa.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) ..... 1=married filing separate and lived with spouse ..... Year spouse died, if qualifying widow(er) (2014 or 2015) .....		<p><b>Filing Status</b></p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial ..... Last name ..... Title/suffix ..... Social security number ..... Occupation ..... Date of birth (m/d/y) ..... Date of death (m/d/y) ..... 1=blind .....		
Spouse	First name and initial ..... Last name ..... Title/suffix ..... Social security number ..... Occupation ..... Date of birth (m/d/y) ..... Date of death (m/d/y) ..... 1=blind .....		
Address	In care of ..... Street address ..... Apartment number ..... City ..... State ..... ZIP code .....		
Foreign Address	Region ..... Postal code ..... Country .....		

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Client Information (continued)</b>	<b>1</b> p2
-------------	-------------	-----------	---------------------------------------	-------------

Please add, change or delete information for 2016.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone .....		<p><b>Daytime Phone</b></p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
	Home phone .....		
Spouse Contact Information	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Taxpayer Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		
Spouse Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
-------------	-------------	-----------	-------------------	----------

**Please add, change or delete information for 2016.**

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

Please enter all pertinent 2016 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2016 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2016

1040

US

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

7.1

Please enter all pertinent 2016 information.

**APPLICATION OF 2016 OVERPAYMENT (7.1)**

If you have an overpayment of 2016 taxes, do you want the excess refunded?  or applied to 2017 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2017 ESTIMATED TAX INFORMATION**

Do you expect your 2017 taxable income to be different from 2016? ..... Yes  No

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

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

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
-------------	-------------	-----------	---	-----------------------

Please enter all pertinent 2016 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2015 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/16	2015 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2015 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	<b>2016 Amount</b>	<b>T</b>	<b>S</b>	<b>2015 Amount</b>
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**



2016

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2016 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

14.1



2016

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2016 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2016 1099-G Amount

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2016 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2015 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2016 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2015 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

2016

1040

US

Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

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

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

INCOME

	2016 Amount	2015 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		

COST OF GOODS SOLD

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

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

**EXPENSES**

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

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

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



<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <input style="width:40px;" type="text"/>	<b>18</b>
-------------	-------------	-----------	---	--	-----------

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

**GENERAL INFORMATION**

	2016 Amount	2015 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx).....		1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business.....	
Percentage of tenant occupancy if not 100% (.xxxx).....		1=rental other than real estate.	
1=spouse, 2=joint.....		1=investment.....	
1=qualified joint venture.....		1=single member limited liability company.....	
1=nonpassive activity, 2=passive royalty.....			
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

**INCOME**

	2016 Amount	2015 Amount
Rents or royalties received.....		

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
_____		
_____		
_____		
_____		

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

2016

1040

US

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

No.

18 p2

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

GENERAL INFORMATION

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

OIL AND GAS

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

VACATION HOME

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

INDIRECT EXPENSES

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

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		
_____		
_____		



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

**GENERAL INFORMATION**

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

**AUTOMOBILE MILEAGE**

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

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		



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

**TRADITIONAL IRA CONTRIBUTIONS**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				
1=covered by plan, 2=not covered.....				
2016 payments from 1/1/17 to 4/17/17.....				

**ROTH IRA CONTRIBUTIONS**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....				
Individual 401k: SE designated Roth contributions (1=max.).....				
<b>SIMPLE contributions:</b>				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care).....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) .....				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
<b>Other adjustments to income:</b>				
_____				
_____				
_____				

	Taxpayer	Spouse
	Alimony paid:	
Recipient's first name....		
Recipient's last name....		
Recipient's SSN.....		
Amount paid .....	2015 amt:	2015 amt:

2016

1040

US

Itemized Deductions

25

Please enter all pertinent 2016 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2016 Amount, TS, 2015 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2016 estimates are automatic.)

Table with 3 columns: 2016 Amount, TS, 2015 Amount. Rows include State income taxes (1/16 payment, 2015 state return extension, 2015 state return, prior years), and City/local income taxes (1/16 payment, 2015 city/local extension, 2015 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2016 Amount, TS, 2015 Amount. Rows include State and local sales taxes (except autos and special items), Use taxes paid on 2016 purchases, Use taxes paid with 2015 state return, Sales tax on autos not included above, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2016 Amount, TS, 2015 Amount. Rows include Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

25

2016

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2016 Amount

TS

2015 Amount

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for investment interest.

Passive interest . . . . .

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for passive interest.

Certain home mortgage interest included above (6251) . . . . .

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket) . . . . .

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for volunteer expenses.

Number of charitable miles . . . . .

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for number of charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket) . . . . .

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for volunteer expenses.

Number of charitable miles . . . . .

Table with 3 columns: Description, 2016 Amount, TS, 2015 Amount. Includes row for number of charitable miles.

25 p2

2016

1040

US

Itemized Deductions (continued)

25 p3

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

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2016 Amount

TS

2015 Amount


30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


30% capital gain property (gifts of capital gain property to 50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues .....

--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Tax return preparation fee .....

Safe deposit box rental .....

--	--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


25 p3



2016

1040

US

Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2016 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2016 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2016 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

	2016 Amount	TS	2015 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2016			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2016			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2016			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2016			
Grandfather debt balance - beginning of year			

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

25 p5

**Please enter 2016 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

	2016 Amount	2015 Amount
Form .....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Excess casualty losses .....		
Allowable casualty losses .....		
Other direct expenses:		
_____		
_____		
_____		

<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
-------------	-------------	-----------	--	------------------

Please enter all pertinent 2016 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

	2016 Amount		2015 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2016 . . .				
Employer-provided benefits forfeited in 2016 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .			
	Last name . . . . .			
	Title or suffix . . . . .			
	Date of birth (m/d/y) . . . . .			
	Social security number . . . . .			
	Qualified dependent care expenses incurred and paid in 2016 . . . . .			<b>2015 amt:</b>
	1=disabled . . . . .			
1=spouse, 2=joint . . . . .				

No. <input style="width:40px;" type="text"/>	First name . . . . .			
	Last name . . . . .			
	Title or suffix . . . . .			
	Date of birth (m/d/y) . . . . .			
	Social security number . . . . .			
	Qualified dependent care expenses incurred and paid in 2016 . . . . .			<b>2015 amt:</b>
	1=disabled . . . . .			
1=spouse, 2=joint . . . . .				

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .			
	Street address . . . . .			
	City . . . . .			
	State . . . . .			
	ZIP code . . . . .			
	Foreign region . . . . .			
	Foreign postal code . . . . .			
	Foreign country . . . . .			
	Identification number (SSN or EIN) . . . . .			
	Amount paid to care provider in 2016 . . . . .			<b>2015 amt:</b>
	1=spouse, 2=joint . . . . .			



**2016**

**1040**

**US**

**Education Credits / Tuition Deduction**

No.

**38**

Please complete the information below if you paid qualified education expenses in 2016 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....  
 First name .....  
 Last name .....  
 Social security number.....  
 Number of years hope credit claimed .....  
 Number of prior years AOC claimed .....  
 1=student was NOT enrolled at least half-time for at least one academic period that began in 2016 (or the first 3 months of 2017 if the qualified expenses were made in 2016) at an eligible institution in a qualified program. ....  
 1=student completed first four years of post-secondary education before 2016. ....  
 1=student was convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance. ....


**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....  
 Street address .....  
 City .....  
 State .....  
 ZIP code .....  
 1=2016 Form 1098-T was NOT received. ....  
 1=2016 Form 1098-T received with Box 2 & 7 completed.....  
 1=2015 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....


**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....  
 Street address .....  
 City .....  
 State .....  
 ZIP code .....  
 1=2016 Form 1098-T was NOT received. ....  
 1=2016 Form 1098-T received with Box 2 & 7 completed.....  
 1=2015 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....


**QUALIFIED EDUCATION EXPENSES**

Qualified tuition & fees paid in 2016 (net of refund or assistance, & not entered elsewhere) .  
 Books & supplies required to be purchased from institution. ....  
 Books & supplies not entered above. ....  
 Amount of prior year refund or assistance \* .....

	2016 Amount	2015 Amount

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

