

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_[3]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

**Present Mailing Address**

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 Foreign phone number \_\_\_\_\_ [47]  
 In care of addressee \_\_\_\_\_ [48]

**Dependent Information**

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

First Name <sup>49]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]  
 Social security number of qualifying person \_\_\_\_\_ [51]

**Dependent Codes**

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

**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: \_\_\_\_\_ [18] \_\_\_\_\_ [26]

    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]

**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]

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**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.

	<b>Date Due</b>	<b>Date Paid if After Date Due</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>	<b>Method*</b>
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	_____



## Interest and Dividend Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if 1 = Attached Foreign	2 = N/A



## 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 ( <b>Box 1</b> )	+	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	+	_____	[12]
Social security wages ( <b>Box 3</b> ) (if different than federal wages)	+	_____	[14]
Social security tax withheld ( <b>Box 4</b> )		+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (if different than federal wages)	+	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+	_____	[21]
SS tips ( <b>Box 7</b> )	+	_____	[23]
Allocated tips ( <b>Box 8</b> )		+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )		+ _____	[27]
<b>Box 13 -</b>			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code ( <b>Box 15</b> )		_____	[32]
State wages ( <b>Box 16</b> ) (if different than federal wages)	+	_____	[34]
State tax withheld ( <b>Box 17</b> )	+	_____	[36]
Local wages ( <b>Box 18</b> )	+	_____	[38]
Local tax withheld ( <b>Box 19</b> )		+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____		[43]

	<b>Control Totals+</b>	
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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 ( <b>Box 1</b> )	+	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	+	_____	[12]
Social security wages ( <b>Box 3</b> ) (if different than federal wages)	+	_____	[14]
Social security tax withheld ( <b>Box 4</b> )		+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (if different than federal wages)	+	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+	_____	[21]
SS tips ( <b>Box 7</b> )	+	_____	[23]
Allocated tips ( <b>Box 8</b> )		+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )		+ _____	[27]
<b>Box 13 -</b>			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code ( <b>Box 15</b> )		_____	[32]
State wages ( <b>Box 16</b> ) (if different than federal wages)	+	_____	[34]
State tax withheld ( <b>Box 17</b> )	+	_____	[36]
Local wages ( <b>Box 18</b> )	+	_____	[38]
Local tax withheld ( <b>Box 19</b> )		+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____		[43]

	<b>Control Totals+</b>	
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**Miscellaneous Income #1**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

**Control Totals+**

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

**Control Totals+**

**NOTES/QUESTIONS:**

### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

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


	<b>Control Totals+</b>	
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### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

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


	<b>Control Totals+</b>	
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### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2016 Information**

**Prior Year Information**

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


	<b>Control Totals+</b>	
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**NOTES/QUESTIONS:**

### 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) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [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:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2016 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [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:**

	<b>Taxpayer</b>	<b>Spouse</b>
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]
	<b>Taxpayer</b>	<b>Spouse</b>
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**

	<b>Taxpayer</b>	<b>Spouse</b>
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**

	<b>2016 Information</b>	<b>Prior Year Information</b>
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	___
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	___
If other enter explanation:	_____ [24]	
_____		
_____		
Enter an explanation if there was a change in determining your inventory:		
_____ [25]		
_____		
Did you "materially participate" in this business? (Y, N)	_____ [26]	___
If not, number of hours you did significantly participate	_____ [28]	
Mark if you began or acquired this business in 2016	_____ [30]	
Did you make any payments in 2016 that require you to file Form(s) 1099? (Y, N)	_____ [31]	___
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	___
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	___
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	___
Medical insurance premiums paid by this activity	+ _____ [41]	
Long-term care premiums paid by this activity	+ _____ [45]	
Amount of wages received as a statutory employee	+ _____ [48]	

**Business Income**

	<b>2016 Information</b>	<b>Prior Year Information</b>
Gross receipts and sales		
_____	+ _____ [53]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:		
_____	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	<b>2016 Information</b>	<b>Prior Year Information</b>
Beginning inventory	+ _____ [60]	
Purchases	+ _____ [62]	
Labor:		
_____	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:		
_____	+ _____ [68]	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

**Preparer use only**

Principal business or profession \_\_\_\_\_

**2016 Information****Prior Year Information**

Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____ [22]	_____
_____	+ _____	_____
_____	+ _____	_____
Other:		
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [29]	_____
Pension and profit sharing:		
_____	+ _____ [31]	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [33]	_____
Other business property	+ _____ [35]	_____
Repairs and maintenance	+ _____ [37]	_____
Supplies	+ _____ [39]	_____
Taxes and licenses:		
_____	+ _____ [41]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		
Travel	+ _____ [43]	_____
Meals and entertainment	+ _____ [45]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]	_____
Utilities	+ _____ [51]	_____
Wages (Less employment credit):		
_____	+ _____ [53]	_____
_____	+ _____	_____
Other expenses:		
_____	+ _____ [55]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

**Control Totals+****Form ID: C-2**



**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	
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			

**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 copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

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 <sup>[2]</sup>	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]
<b>Address</b>				
<b>City, state and zip code</b>				
_____	_____	_____	+	
<b>Address</b>				
<b>City, state and zip code</b>				

**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															
	Contributions made by cash or check (including out-of-pocket expenses)																	
	<small>Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.</small>																	
	<small>Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to claim the contribution on your return.</small>																	
[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															
	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> <tr><td style="height: 20px;"> </td></tr> </table>															
	_____	+ _____																
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	_____	+ _____																
	_____	+ _____																
	_____	+ _____																
	Union dues:																	
[14]	_____	+ _____ [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]																
	_____	+ _____																
	_____	+ _____																
	Other expenses, not subject to the 2% AGI limit:																	
[30]	_____	+ _____ [31]																
	_____	+ _____																
	_____	+ _____																
	_____	+ _____																
	Gambling losses: (Enter only if you have gambling income)																	
[33]	_____	+ _____ [34]																
	_____	+ _____																

**If you used your automobile for business purposes, please complete the following information.**

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

**Vehicle Questions**

	<b>Vehicle 1</b>	<b>Prior Year</b>	<b>Vehicle 2</b>	<b>Prior Year</b>	<b>Vehicle 3</b>	<b>Prior Year</b>	<b>Vehicle 4</b>	<b>Prior Year</b>
--	------------------	-------------------	------------------	-------------------	------------------	-------------------	------------------	-------------------

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

Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

**Vehicle Expenses**

	<b>Vehicle 1</b>	<b>Prior Year Information</b>	<b>Vehicle 2</b>	<b>Prior Year Information</b>	<b>Vehicle 3</b>	<b>Prior Year Information</b>	<b>Vehicle 4</b>	<b>Prior Year Information</b>
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

## Michigan General Information

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]  
 Mark if 2/3 income from seafaring \_\_\_\_\_ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	____ [4]	____ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	____ [6]	____ [7]
Totally and permanently disabled	____ [8]	____ [9]
Deaf	____ [10]	____ [11]
Qualified disabled veteran	____ [12]	____ [13]

## Use Tax

Purchases up \$1000 per purchase subject to use tax \_\_\_\_\_ [14]  
 Purchases exceeding \$1000 per purchase subject to use tax \_\_\_\_\_ [15]

## Contributions

**Amount of charitable contribution you wish to make to:**  
**Contributions must be a minimum of \$5, \$10 or any amount greater than \$10**

ALS of Michigan Fund	_____ [16]
Alzheimer's Association of Michigan	_____ [17]
American Red Cross of Michigan	_____ [18]
Animal Welfare Fund	_____ [19]
Children of Veterans Tuition Grant Program	_____ [20]
Children's Trust Fund - Preventing Child Abuse in Michigan	_____ [21]
Michigan Junior Achievement Fund	_____ [22]
Military Family Relief Fund	_____ [23]
Special Olympics Michigan	_____ [24]
United Way Fund	_____ [25]

## Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Michigan**

	Taxpayer	Spouse
From	_____ [26]	_____ [28]
To	_____ [27]	_____ [29]
Residency status of spouse (if different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [30]

**NOTES/QUESTIONS:**



**Ohio General Information**

Enter your current Ohio county of residence \_\_\_\_\_ [1]  
 School district number \_\_\_\_\_ [2]

**Use Tax**

Mark this field to certify no sales or use tax is due \_\_\_\_\_ [3]  
 Purchases subject to use tax \_\_\_\_\_ [4]

**Contributions**

**Amount of political and charitable contributions you wish to make to:**  
**Political**

	<b>Taxpayer</b>	<b>Spouse</b>
Contribution to Ohio political party fund?	____ [5]	____ [6]

**Charitable Contributions**

Military injury relief fund	_____ [7]
Natural areas and endangered species fund	_____ [8]
Wildlife species and endangered wildlife	_____ [9]
Ohio History Fund	_____ [10]
Breast and cervical cancer project	_____ [11]
Wishes for sick children	_____ [12]

**Credits**

	<b>Taxpayer</b>	<b>Spouse</b>
Displaced worker training expenses for 12-month period since loss of job	_____ [13]	_____ [14]
Amount contributed to Ohio political campaigns	_____ [15]	_____ [16]

**Part-year Resident and Nonresident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

	<b>Taxpayer</b>	<b>Spouse</b>
Part-year residency dates:		
From	_____ [17]	_____ [19]
To	_____ [18]	_____ [20]

	<b>Taxpayer</b>	<b>Spouse</b>
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	____ [21]	____ [22]
If nonresident, enter state of residency	____ [23]	____ [24]
If foreign, enter country of residency	____ [25]	____ [26]

**NOTES/QUESTIONS:**