

CLIENT ORGANIZER

STREET

CITY, STATE, ZIP

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2016 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2016 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2015 information is included for your reference. You do not need to make any 2015 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2015 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Table of Contents

ORG1

Description	Page
Cover Sheet	ORG0
Topic Index	ORG2
General Questions.....	ORG3
Business/Investment Questions.....	ORG4
Additional Information	ORG5
Basic Taxpayer Information.....	ORG6
W-2, W-2G, 1099-R Income.....	ORG7
1099-MISC Income	ORG8
Social Security Benefits/Form 1099-G/Other Income	ORG10
Interest and Dividend Income	ORG11
Seller Financed Interest/Child's Interest and Dividends	ORG12
Medical and Tax Expenses	ORG13
Interest Paid and Cash Contributions	ORG14
Non-Cash Charitable Contributions.....	ORG14A
Miscellaneous Itemized Deductions	ORG15
Moving Expenses.....	ORG16
Employee Business Expenses	ORG17
Employee Home Office Expense	ORG17A
Car and Truck Expenses	ORG18
Business Income and Expenses	ORG19
Business Use of Home	ORG20
Sales of Stocks and Securities.....	ORG21
Sale of Your Home	ORG22
Installment Sales Income	ORG23
Sales of Business Property	ORG24
Rental and Royalty Income and Expenses.....	ORG25
Farm Rental Income and Expenses	ORG26
Farm Income and Expenses.....	ORG27
Adjustments to Income	ORG28
Dependent Care Expenses.....	ORG35
Education	ORG36
Tax Payments.....	ORG40
Household Employment Taxes	ORG41
K-1 Partnership – Partner's Questions.....	ORG45
K-1 S-Corporation – Shareholder's Questions	ORG46
K-1 Estate & Trust – Beneficiary's Questions.....	ORG47
K-1 Partnership Supplemental Business Expense.....	ORG48
Transferred Assets	ORG50
Additional Assets	ORG51
Foreign Earned Income.....	ORG52
State Information Worksheet	ORG60

Topic Index

ORG2

Alimony paid	ORG28	IRA distributions and rollovers.....	ORG7
Alimony received	ORG10	Keogh plan contributions	ORG28
Annuity payments received	ORG7	Medical and dental expenses	ORG13
Business income and expenses	ORG19	Miscellaneous income reported on 1099-MISC	ORG8
Car and truck expenses	ORG18	Miscellaneous income not from 1099-MISC	ORG10
Casualties and thefts.....	ORG3	Miscellaneous itemized deductions	ORG15
Charitable contributions	ORG14	Moving expenses.....	ORG16
Child and dependent care expenses	ORG35	Office in home expenses	ORG20
Dependent information	ORG6	Partnership income	ORG45
Depreciable property - additions	ORG51	Pension payments received	ORG7
Depreciable property - deletions	ORG50	Personal information	ORG6
Dividend income	ORG11	Railroad retirement benefits.....	ORG10
Education	ORG36	Rental income and expenses	ORG25
Employee business expense	ORG17	Royalty income and expenses	ORG25
Estate income.....	ORG47	S corporation income.....	ORG46
Estimated and other tax payments	ORG40	Sale of home.....	ORG22
Farm income and expenses	ORG27	Sales of business property	ORG24
Farm rental income and expenses	ORG26	Sales of stock, securities	ORG21
Foreign earned income	ORG52	Self-employed health insurance	ORG19
Gambling and lottery winnings	ORG7	SEP plan contributions.....	ORG28
Household employees	ORG41	SIMPLE plan contributions	ORG28
Health Insurance Coverage	ORG3A	Social security benefits.....	ORG10
Installment sales.....	ORG23	State and local tax refunds.....	ORG10
Interest income	ORG11	Taxes paid.....	ORG13
Interest paid (mortgage, etc)	ORG14	Trust income	ORG47
Investment interest expense.....	ORG14	Unemployment compensation.....	ORG10
IRA contributions	ORG28	Wages and salaries	ORG7

General Questions

ORG3

PERSONAL INFORMATION		Yes	No
1	Did your marital status change during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes , explain		
2	Do you want to allow your tax preparer to discuss this year's return with the IRS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy.		
	Designee's Name ▶ _____		
	Phone Number ▶ _____ Personal Identification Number (5 digit PIN)..... ▶ _____		
3	Do you or your spouse plan to retire in 2017?	<input type="checkbox"/>	<input type="checkbox"/>
4	Were you or your spouse permanently and totally disabled in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
5	Enter date of death for taxpayer or spouse (if during 2016 or 2017): Taxpayer: _____ Spouse: _____		
6	Were you or your spouse a member of the U.S. Armed Forces during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION		Yes	No
7 a	Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you provide over half the support for any other person during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you incur adoption expenses during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 a	Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b	Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES		Yes	No
16	Did you receive any disability payments in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2016? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b	If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
c	Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19	Did you incur any casualty or theft losses during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
20	Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes , enclose agent's report or notice of change.		
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 23 Did you have foreign income or pay any foreign taxes in 2016 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 a At any time during 2016, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2016 ? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2016, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 27 a Did you and your dependents have health care coverage for the full year? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| c If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 a Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016 ? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2016 ? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2016 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 34 Did you purchase an energy efficient vehicle in 2016 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____ | | |
| 35 Did you donate a vehicle in 2016 ? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2016 ? _____ % State ID | | |
| 37 Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach details. | | |
| 40 Did you or your spouse participate in a medical savings account in 2016 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2016 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2016 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2016 ? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

- Caution:** Review transferred information for accuracy.
- 49** If **yes**, please provide the following information:
- a** Name of your financial institution
- b** Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c** Account number
- d** What type of account is this?Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2016 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2016 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2016. The national average bronze plan amount is \$225 per month and limited to \$1,115 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	<u>ORGANIZER</u>	_____
First name.....	<u>CLIENT</u>	_____
Middle initial and suffix.....	MI Suffix	MI Suffix
Social security number.....	<u>***-**-4321</u>	_____
Occupation.....	_____	_____
Work phone/extension.....	_____	_____
Cell phone.....	_____	_____
E-mail address.....	_____	_____
Birthdate.....	MM/DD/YYYY.....	MM/DD/YYYY.....
Blind.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address..... <u>STREET</u>	_____	Apartment number..... _____
City..... <u>CITY, STATE, ZIP</u>	State..... _____	ZIP code..... _____
Home phone..... _____	Foreign country..... _____	_____
Fax..... _____	Foreign phone..... _____	_____

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year..... ▶

Check this box if you are eligible to claim spouse's exemption..... ▶

Check this box if your spouse itemizes deductions..... ▶

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying widow(er)

Check the box for the year the spouse died..... ▶ 2014 2015

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2016 Child Care Expense	
				+Months in U.S.	*Not Citizen	2015 Child Care Expense
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

** For the Dependent Code, enter the following:

- L = dependent child who lived with you
- N = dependent child who didn't live with you due to divorce or separation
- O = other dependent
- Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name _____ Employer's name _____ 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace 2 Enter any amounts forfeited from a flexible spending account 3 Check if the income reported is from a foreign source 4 a Clergy: Enter your designated housing or parsonage allowance b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/> (b) W-2 wages..... <input type="checkbox"/> (c) both..... <input type="checkbox"/>	Check if not applicable for 2016 <input type="checkbox"/> Check if for spouse <input type="checkbox"/>
2	Employer's name _____ Employer's name _____ 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace 2 Enter any amounts forfeited from a flexible spending account 3 Check if the income reported is from a foreign source 4 a Clergy: Enter your designated housing or parsonage allowance b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/> (b) W-2 wages..... <input type="checkbox"/> (c) both..... <input type="checkbox"/>	Check if not applicable for 2016 <input type="checkbox"/> Check if for spouse <input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name..... _____ Payer's name..... _____ 1 Check if either box applies: Rollover <input type="checkbox"/> Conversion to Roth IRA <input type="checkbox"/> 2 a If a partial rollover, enter the amount rolled over b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA 3 Health insurance premiums deductible on Schedule A..... 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box <input type="checkbox"/> b If only part of distribution is RMD, enter the part that is RMD.....	Check if not applicable for 2016 <input type="checkbox"/> Check if for spouse <input type="checkbox"/>
2	Payer's name..... _____ Payer's name..... _____ 1 Check if either box applies: Rollover <input type="checkbox"/> Conversion to Roth IRA <input type="checkbox"/> 2 a If a partial rollover, enter the amount rolled over b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA 3 Health insurance premiums deductible on Schedule A..... 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box <input type="checkbox"/> b If only part of distribution is RMD, enter the part that is RMD.....	Check if not applicable for 2016 <input type="checkbox"/> Check if for spouse <input type="checkbox"/>

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099.....		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare C premiums withheld from Form SSA-1099		
5 Medicare D premiums withheld from Form SSA-1099		
6 Railroad Retirement Benefits from Form RRB-1099		
7 Federal income tax withheld from Form RRB-1099		
8 Medicare premiums withheld from Form RRB-1099.....		

FORM 1099-G

Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2016			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2015 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

Nature and Source	2016 Taxpayer	2016 Spouse	2015 Combined
1 Alimony received			
2 Recovery of bad debts previously deducted			
3 Jury duty pay.....			
4 Gambling winnings not reported on W2G/1099			
5 Income from not for profit activities (hobbies)			
6 Income from the rental of personal property			
7 Other miscellaneous income items: Description: _____ _____ _____			

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**

blank = Regular taxable interest

ME1 = ME bond interest in federal income

MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest

NH1 = NH nontaxable interest — taxable federal

NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest

TN1 = TN nontaxable interest — taxable federal

WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2016		2016 Box 3 US/Treasury Interest	2016 Box 8 Tax Exempt	State	2015 Box 1 + 3
			Box 1 Interest	Type of Interest**				

X* Check if you did not receive income from this account in 2016 .

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2016		2016 Box 2a Capital Gains	State	2015 Box 1a + 2a
			Box 1a Ordinary Dividends	Box 1b Qualified Dividends			

X* Check if you did not receive income from this account in 2016 .

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2016	2015
1 Prescription medications.....		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2016	2015
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2016	2015
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2016
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
	
	

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2015 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2016	2015
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

ORG14

LIMITED HOME MORTGAGE DEDUCTION

If your mortgage balance exceeded \$1 million (\$500,000 for married filing separately) or your home equity debt exceeded \$100,000 (\$50,000 for married filing separately) during 2015 complete the following:

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1 Interest paid in 2016					
Points paid in 2016.....					
Months loan outstanding					
Principal pd on loan in 2016.					
2 Home acquisition debt:					
Beginning of year balance ..					
Additional borrowed in 2016 ..					
3 Home equity debt:					
Beginning of year balance ..					
Additional borrowed in 2016 ..					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Additional borrowed in 2016 ..					
5 Fair market value of homes on date debt was last secured by home					
6 Home acquisition and grandfathered debt on date last secured by home					

CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2016	2015
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Charitable miles driven.....		
Miles driven to deliver noncash contributions		
Parking fees, tolls, and local transportation.....		

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More		Fair Market Value	Prior Year Fair Market Value
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

- Appraisal
- Average share
- Catalog
- Capitalization of income
- Comparative sales
- Consignment shop
- Present value
- Replacement cost
- Reproduction cost
- Thrift shop

****Type of Donated Property**

- Household/clothing items
- Motor vehicle, boat or airplane
- Art, other than self-created
- Art, self-created
- Collectibles
- Business equipment
- Business inventory
- Stock, publicly traded
- Stock, other than publicly traded
- Securities, other than stock
- Intellectual property
- Real property, conservation property
- Real property, other than conservation
- Other personal property
- Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2016	2015
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees.....		
8 Certain attorney and accounting fees.....		
9 Safe deposit box rental		
10 IRA custodial fees.....		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
OTHER MISCELLANEOUS DEDUCTIONS	2016	2015
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86).....		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments.....		
16 Unrecovered investment in annuity		
17 Unrecovered investment in annuity		

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed.....

Check box if a fee-basis state or local government official

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?..... Yes No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

Was this activity located in a Qualified Disaster Area..... Yes No

EXPENSES	2016	2015
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meals/entertainment expenses)		
3 Meals and entertainment expenses		
4 Business gifts		
5 Education		
6 Home office expenses (Preparer Use Only – complete ORG17A)		
7 Trade publications		
8 Depreciation expense other than vehicle (Preparer Use Only)		
9 Carryover of Section 179 expense from prior year		
10 Other: _____ _____ _____		

EMPLOYER REIMBURSEMENTS	2016	2015
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment		
12 Reimbursements for meals and entertainment		

QUALIFIED PERFORMING ARTIST	2016	2015
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2016	2015
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION		Vehicle 1	Vehicle 2
15	Description of vehicle.....		
16	Date placed in service.....		
17	Enter detail on lines 17a and 17b, or total on line 17c:		
a	Ending mileage reading.....		
b	Beginning mileage reading.....		
c	Total miles for the year (line 17a less line 17b).....		
18	Business miles.....		
19	Total commuting miles.....		
20	Average daily commuting miles.....		
STANDARD MILEAGE RATE		Vehicle 1	Vehicle 2
21	Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES		Vehicle 1	Vehicle 2
23	Gasoline, oil, repairs, insurance, etc.....		
24	Vehicle registration fee (excluding property tax).....		
25	Vehicle lease or rental fee.....		
26	Inclusion amount (Preparer Use Only)		
27	Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28	Depreciation (Preparer Use Only)		
VEHICLE DEPRECIATION/DISPOSITIONS		Vehicle 1	Vehicle 2
29	Cost or basis.....		
30	Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Type of vehicle (Preparer Use Only)		
33	Section 179 expense (Preparer Use Only)		
34	Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Qualified Property for Kansas Disaster Zone (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Qualified property for GO Zone? (Preparer Use Only)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38	Percentage for Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39	Elect OUT of Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Elect 30% in place of 50% Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Date sold.....		
42	Date acquired, if different from line 16.....		
43	Sales price.....		
44	Expense of sale.....		
45	Gain/loss basis, if different (Preparer Use Only)		
46	AMT gain/loss basis, if different (Preparer Use Only)		
VEHICLE QUESTIONS			
47	Was your vehicle available for personal use during off-duty hours?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49	Do you have evidence to support the business use claimed?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50	If yes , is the evidence written?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Car And Truck Expenses
(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 Date placed in service.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c Total miles for the year (line 3a less line 3b).....			
4 Business miles.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only).....			
12 Depreciation (Preparer Use Only).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use).....			
20 Section 179 expense (Preparer Use).....			
21 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Date acquired, if different from line 2.....			
30 Sales price.....			
31 Expense of sale.....			
32 Gain/loss basis, if different (Preparer Use).....			
33 AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If yes , is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Business name

3 a Business street address.....

b 1 City, State and Zip Code, or

2 Foreign country.....

4 Principal business/profession

5 Employer ID number.....

6 Business code (**Preparer Use Only**)

7 Was this business fully disposed of in a fully taxable transaction during 2016? **Yes** **No**

8 Accounting method:
 Cash Accrual Other (specify)

9 Method used to value closing inventory:
 Cost Lower of Other (explain)

Yes **No**

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?
 (If yes, attach explanation)

11 Did you materially participate in the operation of this business during 2016?

12 Did you start or acquire this business during 2016?

13 a Did you make any payments in 2016 that require you to file Forms 1099?

b If yes, did you or will you file all the required Forms 1099?

14 At-risk determination:
a Is all of the investment in this activity at risk?

b Is some of the investment in this activity not at risk?

15 Did you have unallowed passive losses in 2015?

16 a Treat all MACRS assets for this activity as qualified Indian reservation property?

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?

d Was this business located in a Qualified Disaster Area?

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2016	2015
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2016	2015
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year.....		

Business Income and Expenses (continued)

ORG19

EXPENSES	2016	2015
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only).....		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health).....		
35 Self-employed health insurance attributable to this business.....		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans.....		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel, meals, and entertainment:		
a Travel.....		
b Meals and entertainment subject to 50% limit		
c Meals subject to 80% limit.....		
d Meals and entertainment not subject to limit.....		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only).....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs.....		

Business Use of Home

ORG20

for:
copy:

Elect the simplified method instead of entering actual expenses

GENERAL INFORMATION	2016	2015
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2 Area used only partly for day care (square footage)		
3 Total area of home (square footage)		
4 Daycare hours		
a Number of weeks used for day care, if less than full year		
b Number of days used for day care each week		
c Number of days closed for holidays, vacations, etc		
d Number of hours used for day care each day		
5 Enter the date you began using this home office for this business		
6 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home		
7 Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8 Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2016		2015	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Total mortgage interest/points				
11 Mortgage interest/points on Form 1098				
12 Interest not on Form 1098				
13 Points not of Form 1098				
14 Real estate taxes				
15 Excess mortgage interest (Preparer Use)				
16 Qualified mortgage insurance				
17 Other insurance				
18 Rent				
19 Repairs and maintenance				
20 Utilities				
21 Other expenses (e.g., rent)				
22 Carryover of operating expenses				
23 Excess casualty losses (Preparer Use Only)				
24 Depreciation of your home (Preparer Use Only)				
25 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
27	Enter the land value included in cost for residence			

Sales of Stocks and Securities

ORG21

Attach all copies of Forms 1099-B and/or 1099-S here.

Yes No

- 1 Did you exchange any securities for other securities or any other property held for investment?
- 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?
- 3 Did you engage in any transactions involving traded options?
- 4 Did you engage in any transactions involving commodity future contracts and straddle positions?
- 5 Did you engage in any transactions involving *employee* stock options?
- 6 Schedule D included in the 2015 Federal income tax return?

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead. See notes below for entries to be made on lines 1d, 4a, 4b and 5

FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c *.....

2 Description of property

3a Date acquired **b** Date sold

4a Type of transaction *** **b** Property ownership **

5 Holding period *

6 Sales price

7 Cost or other basis

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... **b** State identification **c** State tax withheld.....

Transaction number.....

1a Check if this sale was reported to you on Form 1099-B or substitute statement

b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

d If so, select type of gain (loss) indicated in Box 1c *.....

2 Description of property

3a Date acquired **b** Date sold

4a Type of transaction *** **b** Property ownership **

5 Holding period *

6 Sales price

7 Cost or other basis

8 Wash sale loss disallowed.....

9 Federal Tax withheld (if any).....

10a State..... **b** State identification **c** State tax withheld.....

*** Type of Holding Period**

- S = Short-term (one year or less)
- L = Long-term (more than one year)

**** Type of Ownership**

- T = Taxpayer Ownership
- S = Spouse Ownership
- J = Joint Ownership

***** Type of Transaction**

- S = Regular Sale of Stocks, Bonds, etc
- W = Wash Sale
- M = Collectible (28% Rate)
- P = Personal Loss on Noninvestment Property
- X = Expired (options, etc)
- O = Worthless Securities
- K = Bankrupt
- N = Nonbusiness Bad Debt
- E = Stock sales to ESOP's or EWOC's

Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business?
Was the final installment received this year?

1 Description of property
2 a Date acquired 2 b Date sold
c Check this box if ordinary gain from non-capital asset.

GROSS PROFIT INFORMATION
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts.
4 Mortgages and other debts buyer assumed or took property subject to.
5 Cost or other basis of property sold
6 Depreciation allowed or allowable
7 Commissions and other expenses of sale
8 Was this property your main home?

CURRENT TAXABLE PORTION

9 Gross profit percentage
10 a Payments received in current year
b Interest received in current year

Seller Financed Mortgage Information

11 Payer's Name
Address
City State ZIP code
Country SSN or EIN

12 Payments received in prior years (do not include interest)

SALES TO RELATED PARTIES

13 a Was the property sold to a related party after May 14, 1980?
b If yes, was the property a marketable security?
If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
If you received the final installment payment this year, do not complete the rest of this form.

c Give the name, address, and taxpayer identification number of related party:
Name
Address
City State ZIP code
Identifying number

14 Did the related party, during this tax year, resell or dispose of the property?
If no, do not complete the rest of this form.

Answer yes to no more than one of the following questions.

15 a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)?
b Was the first disposition a sale or exchange of stock to the issuing corporation?
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition?
d Did the second disposition occur after the death of the original seller or buyer?
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition?

If yes, give explanation

16 If you answered no to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale)

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: _____

1 Check property owner Taxpayer Spouse Joint

	Yes	No
2a Did you make any payments that would require you to file Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , did you or will you file all required Forms(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>

3a Enter the ownership percentage (if not 100%)		
b If not 100%, are you reporting 100% of the income and expenses?	<input type="checkbox"/>	<input type="checkbox"/>

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) Yes No

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? Yes No

6 For all rental properties, **enter the number of days** during 2016 that:

a The property was rented at fair rental value		
b The property was used personally or rented at less than fair rental value	_____	_____
c You owned the property, if not the entire year	_____	_____

7a Does this rental have multiple living units and you live in one of the units?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , enter percentage of rental use	_____	_____

8 Did you actively participate in this property's management during 2016? Yes No

9 Did you materially participate in this property's management during 2016? Yes No

10 Do you want to treat this property as non-passive?..... Yes No

11 Did this property have unallowed passive losses in 2015? Yes No

12 Did you dispose of this property in a fully taxable transaction? Yes No

13 Check this box if some of this investment was **not** at-risk.....

14a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... **Regular** **Extension** **No**

 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

 d Was this activity located in a Qualified Disaster Area?..... Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2016	2015
15 Rents or royalties received		

- | | | |
|--------------------------|---|---|
| * Property Types: | 1 Single family residence
2 Multi-family residence
3 Vacation/short-term rental
4 Commercial | 5 Land
6 Royalties
7 Self-rental
8 Other |
|--------------------------|---|---|

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2016	2015
Property location		
16 Advertising		
17a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance		
19 Commissions.....		
20a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks – qualified.....		
b Mortgage interest paid to banks – other		
24 Other interest		
25 Repairs.....		
26 Supplies.....		
27a Real estate taxes.....		
b Other taxes		
28 Utilities		
29 Other expenses:		
a		
b		
c		
d		
e		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Farm Income and Expenses

ORG27

GENERAL INFORMATION

Name of this farm

1 Check ownership Taxpayer Spouse Joint

2 Principal product

3 Employer identification number

4 Agricultural activity code (**Preparer Use Only**)

5 Accounting method Cash Accrual

	Yes	No
6 Was this farm fully disposed of in a fully taxable transaction during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you materially participate in the operation of this business during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you make any payments in 2016 that would require you to file Form(s) 1099	<input type="checkbox"/>	<input type="checkbox"/>
9 If 'Yes,' did you or will you file all required Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>
10 At-risk determination:		
a Is all of the investment in this activity at risk?	<input type="checkbox"/>	
b Is some of the investment in this activity not at risk?	<input type="checkbox"/>	
c Did you receive a subsidy in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you have unallowed passive losses in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
12a Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	<input type="checkbox"/>
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	<input type="checkbox"/>	<input type="checkbox"/>
Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input type="checkbox"/>		
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	<input type="checkbox"/>
d Was this farm located in a Qualified Disaster Area?	<input type="checkbox"/>	<input type="checkbox"/>

FARM INCOME – CASH METHOD	2016	2015
13 Sales of livestock, etc purchased for resale		
14 Cost/Basis of livestock, etc purchased for resale		
15 Sales of livestock, produce, grains, etc raised		
16a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
17a Total agricultural program payments		
b Taxable amount of agricultural program payments		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15		
18a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
19a Crop insurance proceeds/federal crop disaster payments received in 2016		
b Taxable crop insurance proceeds/federal crop disaster payments		
c Crop insurance proceeds/federal crop disaster payments deferred from 2015		
20 Custom hire (machine work) income		
21 Other income – include federal/state gas tax credit/refund		

FARM INCOME – ACCRUAL METHOD	2016	2015
22 Sales – livestock, produce, grain, other products		
23a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
24a Total agricultural program payments		
b Taxable amount of agricultural program payments		
25a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
26 Crop insurance proceeds and certain disaster payments		
27 Custom hire (machine work) income		
28 Other income include federal/state gas tax credit/refund		

Farm Income and Expenses (continued)

ORG27

FARM INCOME – ACCRUAL METHOD (continued)	2016	2015
29 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc		
b Cost of livestock, produce, etc purchased		
c Ending inventory – livestock, produce, etc		
30 Check if you used the unit-livestock price method or farm-price method to value inventory.....	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS	2016	2015
Name of this farm		
31 Car and truck expense (complete ORG18)		
32 Chemicals		
33 Conservation expenses		
34 Custom hire (machine work)		
35 Depreciation and Section 179 deduction (Preparer Use Only)		
36 Employee benefit programs other than pension and profit-sharing plans.....		
37 Feed		
38 Fertilizers and lime.....		
39 Freight and trucking.....		
40 Gasoline, fuel and oil.....		
41 a Insurance (other than health)		
b Self-employed health insurance attributable to this farm business.....		
42 Interest:		
a Mortgage (paid to banks, etc).....		
b Other		
43 Labor hired		
44 Pension and profit-sharing plans.....		
45 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
46 Repairs and maintenance		
47 Seeds and plants purchased.....		
48 Storage and warehousing.....		
49 Supplies purchased.....		
50 Taxes.....		
51 Utilities		
52 Veterinary, breeding and medicine.....		
53 Other expenses (specify):		

54 Qualified pension plan start-up costs.....		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2016		
2 Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2016 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2016, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2016		
7 Enter the value of all recharacterizations after 12/31/2016		
8 Enter the amount of any outstanding rollovers as of 1/1/2017		
If you received IRA distributions during 2016, please complete ORG7.		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2016		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2016		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2016	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2016		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2016	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2016		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2016		
b Check this box if you wish to contribute the maximum amount to your SEP for 2016	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2016		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2016		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2016		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2016		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2016.....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2016	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2016		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2016		
ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
1		
2		

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1	..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
2	..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
3	..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
4	..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>

EXPENSES	2016	2015
1 Total employment taxes paid on wages for child care expenses		
2 Total expenses paid in 2016 but not incurred in 2016		
3 Total expenses incurred in 2016 but not paid in 2016		
4 Medical expenses paid for qualifying persons unable to care for themselves		

STUDENT/DISABLED PERSON INFORMATION FOR 2016	Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2016, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here		

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2016	2015
1 a Taxpayer educator expenses.....		
b Spouse educator expenses.....		

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2016

2 a Enter detail below or total interest in Part 2b

Lender's Name	2016	2015
Total Student Loan Interest	2016	2015
2 b Enter the total interest paid on qualified student loans.....		

FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:
 P = Private Qualified Tuition Program
 S = State Qualified Tuition Program
 E = Coverdell ESA

Tax Payments

ORG40

2016 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/16.....								
2 Qtr 2 due by 06/15/16.....								
3 Qtr 3 due by 09/17/16.....								
4 Qtr 4 due by 01/17/17								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2015 overpayment applied to 2016			
7 Balance due paid with 2015 return			
8 a 2015 Quarter 4 payments paid in 2016			
b 2015 extension payments paid in 2016			
9 Other taxes paid in 2016 for prior years (include explanation)			

2017 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2017, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	_____
	Spouse.....	_____
11 Self-Employment Income	Taxpayer	_____
	Spouse.....	_____
12 Capital Gains (sale of stock, real estate, etc).....		_____
13 Other Income:		
Description		_____

Deductions

14 Allowable Itemized Deductions	_____
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	_____
16 Federal Withholding.....	_____
17 Number of personal exemptions expected for 2017	_____

ADDITIONAL INFORMATION

18 Check to use your 2016 tax amount for your 2017 estimate.....	<input type="checkbox"/>
19 If you have an overpayment of 2016 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment.....	_____
21 Number of installments for estimated tax (1 - 4)	_____

K-1 Partnership – Partner's Questions

ORG45

▶	<input checked="" type="checkbox"/>	Attach all copies of K-1s from partnerships.	
1	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

K-1 S Corporation – Shareholder's Questions

ORG46

Attach all copies of K-1s from S Corporations.

1	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number ... _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number ... _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number ... _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number ... _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number ... _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number ... _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Estate & Trust – Beneficiary's Questions

ORG47

Attach all copies of K-1's from estates and trusts.

1	Name of estate or trust..... _____ <hr/> Estate or trust identification no... _____ Tax shelter registration number..... _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of estate or trust..... _____ <hr/> Estate or trust identification no... _____ Tax shelter registration number..... _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of estate or trust..... _____ <hr/> Estate or trust identification no... _____ Tax shelter registration number..... _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of estate or trust..... _____ <hr/> Estate or trust identification no... _____ Tax shelter registration number..... _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of estate or trust..... _____ <hr/> Estate or trust identification no... _____ Tax shelter registration number..... _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of estate or trust..... _____ <hr/> Estate or trust identification no... _____ Tax shelter registration number..... _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No