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ACT FINANCIAL AND TAX SERVICES, LLC  
992 HIGH RIDGE ROAD, 2ND FLOOR  
STAMFORD, CT 06905  
203-327-5010

## **2016 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2016 tax return.**

**To save you time, selected information from your 2015 tax return has been entered in this organizer. Please line through any information that does not apply to your 2016 tax return.**

**In some cases, 2015 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

203-327-5010

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

*I am always thankful for great clients like you.*

*Enclosed is a 2017 calendar perfect for laptops, refrigerators and anywhere else you may need a calendar – and it's designed to be removable too!*

*Feel free to use it yourself or pass it on to someone else that may need our services.*

*Our business is growing because of referrals from clients like you. I appreciate every referral and pledge to deliver the very best in service.*



992 High Ridge Road, 2nd Floor  
Stamford, CT 06905  
Phone: (203) 327-5010  
Fax: (203) 548-9207  
[www.actcpa.com](http://www.actcpa.com)

January 2017

Dear Client,

We wish you a happy, healthy and prosperous New Year.

Enclosed is the 2016 tax organizer to guide you in gathering the necessary information in order for us to prepare your tax return. We have provided this organizer as a tool to assist you in providing your tax information to us. Kindly confirm and update your current contact information in the organizer. This makes it easier for us to reach you if we have any questions.

*Please sign* the engagement letter where indicated and return it to us with your data in order to ensure an understanding of our mutual responsibilities. Please do this even if you do not use the complete organizer in gathering your tax information. Signed engagement letters are requested prior to our preparing your returns, however sending us your tax data will imply agreement with the terms of our engagement.

If you would like to email us your tax files via Citrix Sharefile, just email us at [admin@actcpa.com](mailto:admin@actcpa.com) and we will send you a Sharefile link.

The filing deadline for the tax returns is Tuesday, April 18th. In order to meet this filing deadline, the information needed to complete your returns should be received in this office no later than April 4, 2016. Our objective is to minimize extensions. Complete and timely submission of your tax data is important. Therefore, all returns received AFTER April 4, or those with incomplete information as of that date, will be placed on extension in order for us to prepare a complete and accurate tax return for you. If any extensions are required, an estimate of tax due will be calculated for you and must be paid with the extension in order to avoid interest and penalties. The extension provides you additional time to gather your information. The deadline for tax filing with the extension is October 16, 2017.

*I am always thankful for great clients like you. Our business is growing because of referrals from clients like you. I appreciate every referral and pledge to deliver the very best in service.*

We want to express our appreciation for the opportunity to work with you, not only at tax time, but also throughout the year. If you have any questions, please contact us.

Sincerely,

*Cristina Andreana*

ACT Financial and Tax Services, LLC

## DATA AND DOCUMENT SUBMISSION INSTRUCTIONS

Please use paper clips or binder clips to attach documents wherever possible. Your completed tax organizer and all supporting documents will be scanned into our filing system. Staples cause pages to stick together even after the staple is removed.

When providing the required documents listed below, you do not need to fill in all fields on the organizer, we will use the data from respective forms.

In an effort to be environmentally responsible we have printed the organizers on both sides of the paper. Please be sure to refer to all pages when providing your tax data.

If you paid estimates in 2016, please confirm the amounts provided in the organizer are the actual amounts you paid, notate any changes if necessary. We will report that all estimates have been paid by you unless you note otherwise.

If an account or item is listed on the organizer that has been closed or does not apply to the tax year 2016, kindly cross out or indicate the item is no longer relevant. This will avoid delays in completing your return.

The following documents, if applicable, are **required** in addition to your completed tax organizer in order to complete your return accurately and completely.

Form(s) W-2, including any corrections on Form W-2C.

Form(s) 1099, only if such amounts reflect income tax withholding.

Complete consolidated brokerage form(s) 1099 B - INCLUDING REALIZED CAPITAL GAIN AND LOSS SCHEDULES showing cost basis and date of purchase. (not just gross proceeds schedules).

Forms 1099 – R, MISC, INT, DIV, B, G, K, C, H, S, and consolidated

Schedules K-1 (federal and states) from partnerships, trusts, estates and S Corporations.

Closing (HUD) statements from the sale, purchase or refinance of real estate, including Form 1099-S.

Forms 1095-A, 1095-B, 1095-C, if you have received any forms under the ACA, please provide the form to us. Otherwise, please let us know if you had healthcare insurance and for what months on the organizer.

Copies of any documents for unusual transactions or those transactions which you are unclear on where to include in the organizer etc. (for example stock option grants etc)

If this is our first year preparing returns for you, please provide a copy of your prior year federal and state returns, if not previously provided.

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**2016 TAX ORGANIZER**

**T  
O** ACT FINANCIAL AND TAX SERVICES, LLC  
 992 HIGH RIDGE ROAD, 2ND FLOOR  
 STAMFORD, CT 06905  
 203-327-5010

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

Taxpayer Signature	Date
Spouse Signature	Date



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January 4, 2017

Dear Client,

This letter is to confirm and specify the terms of our engagement with you for the year ended December 31, 2016 and to clarify the nature and extent of the tax services we will provide. We will prepare the federal and state and local individual income tax returns for the calendar year ending December 31, 2016.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

We have provided you with our tax organizer. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for clarification of some information.

You should also know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter.

Our work in connection with the preparation of the tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

The firm may, use third-party service providers to assist in preparing your return, but these preparers will not make substantive decisions concerning your return. We remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. Furthermore, the firm will remain responsible for the work provided by any such third-party service providers.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that don't meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended

## 2016 Engagement Letter (continued)

disclosures with you before completing the preparation of the return. If we concluded that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement and you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

It is our policy to keep records related to this engagement for three years. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. By signing this engagement letter, you acknowledge and agree that upon the expiration of the three year period, we are free to destroy our records related to this engagement.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

The returns may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax returns.

Our fees for tax services will be billed upon completion of your returns at the appropriate rate for the level and value of services rendered, plus out-of-pocket expenses. All invoices are due and payable upon presentation. If for any reason the account is turned over for collection, an additional charge of 33 1/3% will be added to cover collection costs.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. We will share the mediator's fees and expenses equally, but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. In order to allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law, except our final settlement positions at mediation shall be admissible in litigation solely to determine the prevailing party's identity for purposes of the award of attorneys' fees. You agree to indemnify us for any legal fees incurred by us as a result of any inaccurate or false representations made to us.

We have the right to withdraw from this engagement, in our discretion, if you don't provide us with any information we request in a timely manner, or refuse to cooperate with our reasonable requests or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below and return it to our office. We want to express our appreciation for this opportunity to work with you.

Sincerely,

*Cristina Andreana, CPA*

On behalf of ACT Financial and Tax Services, LLC

**Agreed and Accepted by:**

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

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2016

Questions (Page 1 of 5)

The following questions pertain to the 2016 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you married? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty? .....	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,050? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents? .....	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.		
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you apply for an exemption through the Marketplace? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the Exemption Certificate Number. _____		
Are any of your dependents required to file a tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>



2016

**Questions (Page 2 of 5)**

**2B**

**Healthcare (continued):**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you eligible for employer-sponsored healthcare coverage? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have any transactions pertaining to a health savings account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an HSA, include all Forms 1099-SA.  |                          |                          |
| Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an MSA, include all Forms 1099-SA.  |                          |                          |
| Did you or your spouse receive any distributions from long-term care insurance contracts? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1099-LTC.   |                          |                          |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many months were you covered? _____   |                          |                          |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many months were you covered? _____   |                          |                          |
| Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Education:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you or your spouse pay any student loan interest? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1099-Q.  |                          |                          |
| Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**Deductions and Credits:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.                        |                          |                          |
| Did you or your spouse incur any casualty or theft losses? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any large purchases, such as motor vehicles and boats? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.<br>_____ Gallons _____ Type  |                          |                          |
| Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? ..... | <input type="checkbox"/> | <input type="checkbox"/> |



2016

**Questions (Page 3 of 5)**

2C

**Investments:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements.  |                          |                          |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details.   |                          |                          |
| Did you or your spouse close any open short sales? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Retirement or Severance:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____   |                          |                          |

**Personal Residence:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did your address change? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address.  |                          |                          |
| If Yes, did you move to a different home because of a change in the location of your job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Did you or your spouse take out a home equity loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA.  |                          |                          |



2016

**Questions (Page 4 of 5)**

**2D**

**Sale of Your Home:**

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>



2016

**Questions (Page 5 of 5)**

**2E**

**Miscellaneous:**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional state pages have been included at the back of the organizer and should be reviewed.**



2016

**Personal Information**

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ **ON FILE**  
 Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License  State-Issued ID  No Identification

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License  State-Issued ID  No Identification

**Contact Information:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer? ..... 

Yes	No
X	

Is the taxpayer claimed as a dependent on someone else's tax return? ..... 

Yes	No

Are you considered legally blind per IRS regulations? ..... 

Taxpayer		Spouse	
Yes	No	Yes	No

Do you want to contribute to the Presidential Election Campaign Fund? ..... 

Yes	No

Are you a U.S. citizen or Green Card holder? ..... 

Yes	No

**Personal Identification Numbers:**

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2016

**Dependents and Wages**

**3A**

**Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

**Wages and Salaries:** Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2016

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_





2016

# Direct Deposit and Withdrawal

4A

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2015, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<table border="1"><tr><td> </td><td> </td></tr></table>				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<table border="1"><tr><td> </td><td> </td></tr></table>				
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<table border="1"><tr><td> </td><td> </td></tr></table>				

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA  
 Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal? .....	<table border="1"><tr><td> </td><td> </td></tr></table>				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal? .....	<table border="1"><tr><td> </td><td> </td></tr></table>				
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<table border="1"><tr><td> </td><td> </td></tr></table>				

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA  
 Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2016

### Interest Income

5A

**Interest Information:**

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code:    1 - 1099-INT    2 - Private Activity Bond    3 - Both



TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2015 Interest Amount
<b>Total</b>						

**Seller-Financed Mortgage Interest Information:**

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2016 Interest Amount	2015 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

**Enter Any Additional Information:**


**Note: List all items sold during the year on Form 7.**



2016

# Dividend Income

5B

**Dividend Information:**

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2015 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

**Enter Any Additional Information:**


**Note: List all items sold during the year on Form 7.**



# Sales of Stocks, Securities, Capital Assets & Installment Sales

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years .....	<input type="checkbox"/>	<input type="checkbox"/>

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2016 Principal Received	2015 Principal Received



2016

**Miscellaneous Income, Adjustments and Alimony**

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

**Miscellaneous Income and Adjustments:**

	TSJ ____		TSJ ____	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Unemployment compensation received .....				
Unemployment compensation repaid in 2016 .....				
Social security benefits received .....				
Social security benefits repaid in 2016 .....				
Medicare premiums withheld .....				
Tier 1 railroad retirement benefits received .....				
Tier 1 railroad retirement benefits repaid in 2016 .....				
Total lump sum social security received .....				
Lump sum taxable social security .....				
Other federal withholding .....				
Other state withholding .....				

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	2016 Amount	2015 Amount

**Alimony Paid or Received:**

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2016 Amount	2015 Amount



2016

**Miscellaneous Adjustments**

13A

**Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12**

TS	2016 Amount	2015 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2016 Amount	2015 Amount
	Contributions made for 2016		
	Distributions received from all HSAs in 2016		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid**

TSJ	Nature and Source	2016 Amount	2015 Amount



2016

**Itemized Deductions - Medical and Taxes**

**Medical and Dental Expenses:**

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....

TSJ	2016 Amount	2015 Amount

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

2016 Amount	2015 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

TSJ	Description	2016 Amount	2015 Amount

**Taxes Paid:** Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

TSJ	2016 Amount	2015 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2016 Amount	2015 Amount

**Other Taxes Paid:**

TSJ	Description	2016 Amount	2015 Amount

If you purchased or sold your home in 2016, did you include any taxes from your closing statement in the amounts above?  Yes  No



2016

**Itemized Deductions - Mortgage Interest and Points**

14A

**Mortgage Questions for 2016:**

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount	2015 Amount
		Yes	No		

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2016 Amount	2015 Amount
	Name	Address			

**Deductible Points:**

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount	2015 Amount
		Yes	No		

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount	2015 Amount

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2016 Amount	2015 Amount





2016

**Itemized Deductions - Contributions**

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2016 Amount	2015 Amount

TSJ	Conservation Real Property	2016 Amount	2015 Amount
	100% limit		
	50% limit		

TSJ	Description	2016 Miles	2015 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2016 Amount	2015 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ \_\_\_\_\_

Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal     
  Thrift shop value     
  Catalog     
  Comparable sale  
 Other - please explain \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase     
  Gift     
  Inheritance     
  Exchange



2016

# Federal Tax Payments

## Refund Application:

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

Refunded .....  Yes  No  
 Applied to your 2017 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2016 1st Quarter Estimate ..... (Due 04-18-2016)  
 2016 2nd Quarter Estimate ..... (Due 06-15-2016)  
 2016 3rd Quarter Estimate ..... (Due 09-15-2016)  
 2016 4th Quarter Estimate ..... (Due 01-17-2017)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 overpayment applied to 2016 estimate .....

## Tax Planning Information for Tax Year 2017:

Do you expect any of the following to occur in 2017?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2016

# State and City Tax Payments

20A

### State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....  
 2016 2nd Quarter Estimate .....  
 2016 3rd Quarter Estimate .....  
 2016 4th Quarter Estimate .....

If you have an overpayment of 2016 taxes, do you  
 want the excess applied to your 2017 estimated tax liability? .....  Yes  No

2015 overpayment applied to 2016 estimate .....   
 Balance of prior year(s) tax paid in 2016 plus  
 amount paid with 2015 extensions .....   
 Estimated tax payments for 2015 paid in 2016 .....

### State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....  
 2016 2nd Quarter Estimate .....  
 2016 3rd Quarter Estimate .....  
 2016 4th Quarter Estimate .....

If you have an overpayment of 2016 taxes, do you  
 want the excess applied to your 2017 estimated tax liability? .....  Yes  No

2015 overpayment applied to 2016 estimate .....   
 Balance of prior year(s) tax paid in 2016 plus  
 amount paid with 2015 extensions .....   
 Estimated tax payments for 2015 paid in 2016 .....

### State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....  
 2016 2nd Quarter Estimate .....  
 2016 3rd Quarter Estimate .....  
 2016 4th Quarter Estimate .....

If you have an overpayment of 2016 taxes, do you  
 want the excess applied to your 2017 estimated tax liability? .....  Yes  No

2015 overpayment applied to 2016 estimate .....   
 Balance of prior year(s) tax paid in 2016 plus  
 amount paid with 2015 extensions .....   
 Estimated tax payments for 2015 paid in 2016 .....