

TAX ORGANIZER

Dear New Client,

Enclosed is your Tax Organizer for tax year 2016.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2016 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas or just be sure the correct form that provides the information is included in the packet that you drop off. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you drop off your tax information, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if we did not prepare your tax return for 2014)
- Original Form(s) W-2
- * Affordable Care Form 1095 A,B, and/or C
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property
- * Receipts for items or cash donations etc...

If you have any questions please give us a call.

Sincerely,

KRISTAM PIWONKA
5404 W. ELM ST., SUITE L-1
MCHENRY, IL 60050
(815) 679-6282
KRISTA@PIWONKACPA.COM

KRISTA M PIWONKA
5404 W. ELM ST., SUITE L-1
MCHENRY, IL 60050

December 20, 2016

Dear New Client,

Thank you for choosing our firm to prepare your income tax returns for tax year 2016. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2016 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you. There may be times in which we must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. We will apply the "more likely than not" reliance standard to resolve such issues in order to avoid penalties that might be assessed against us as the return preparers. You agree to honor our decisions regarding disclosure of return positions to avoid mitigate penalties.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2016, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets. The IRS may audit or request these records after an indefinite number of years. Penalties and interest can be imposed when taxpayers simply understate their tax liability, fail to pay timely liabilities and estimates, fail to file returns timely, and/or fail to keep accurate and appropriate records. These penalties and interest are your responsibility.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility. Filing your returns or forwarding e-filing authorization forms to the firm by the due dates is your responsibility. Piwonka, CPA, Inc. will e-file returns within three (3) days of receipt of the e-file authorization form, but will not e-file any returns until the e-filing authorization form is received.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation. Invoices 30 days past the billing date may be deemed delinquent, and are subject to an interest charge of 5% per month. If a court or other collection action is needed to recover amounts owed under this engagement, you are responsible for all legal and collection expenses, including but not limited to reasonable attorney's fees, necessitated by default in payment.

We retain copies of the forms you supply along with our work papers for your engagement for a period of three (3) years. After three (3) years, our work papers and engagement files are destroyed. All of your original records will be returned to you at the end of this engagement. Because our work papers and files are not a substitute for the original records, you should store them in a secure place.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2016 tax return. We appreciate your business.

Sincerely,

KRISTA M PIWONKA

Accepted by:

Date _____

Date _____

General Information

Taxpayer

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

Spouse

Check ("X") which phone number to list on return.

Home Phone
Work Phone
Cell Phone
Fax Number

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

Occupation
E-mail address

State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

Sales tax rate of locality in 2016 %
If Part Year, Period of Residency to

%
to

Filing Status

Status on 2015 return :

Status as of 12/31/2016 :
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country . . . _____

Foreign province/county . . . _____ Foreign postal code _____

If a bona fide resident of a U.S. territory, enter territory . . . _____

Preparer's Information

Preparer's name KRISTA M PIWONKA

Firm's name PIWONKA, CPA, INC.

Street 5404 W. ELM ST., SUITE L-1

City MCHENRY State IL Zip Code 60050

Questions

Yes No

Basic Information

- 1 Did your marital status change since last year?
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2016?
- 3 Are there any changes in your dependents from last year?
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 5 Are all your dependents either US residents or citizens?
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 8 Did you or a member of your family have minimum essential coverage in 2016? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- 9 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?
- 10 Were either you or your spouse in the military or National Guard?
- 11 Did you purchase or sell your principal residence?
- 12 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 13 Were there any changes to a prior year's income, deductions, or credits?
- 14 Did you make gifts of more than \$14,000 to any one person?
- 15 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2016?
- 16 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 17 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- 18 Do you want to e-file your return?
- 19 If you are due a refund, how do you want to receive it?

Check sent to you in the mail Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card Installment Agreement

Direct debit from my bank account (please provide a voided blank check)

Type of account: Checking Savings

- 20 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:
 Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____

Yes No

Income

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?
- 4 Did you receive tip income NOT reported to your employer?
- 5 Did you barter your services for goods or services from someone else?
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Did you make a loan to someone at an interest rate below market rate?
- 8 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 9 Did you cash in any U.S. savings bonds?
- 10 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 11 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 12 Did you receive disability income?
- 13 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
- 14 Did you receive any unemployment benefits?
- 15 During 2016, did you receive payments from a Long-Term Care insurance contract?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
- 18 Did you rollover a retirement plan distribution into another plan?
- 19 Did you receive Social Security benefits?
- 20 During 2016, did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive alimony?
- 22 Did you convert a traditional IRA to a Roth IRA?
- 23 Did you exchange any securities or investments for something other than cash?
- 24 Do you have any short sales, commodity sales, or straddles?

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 34 | Did you receive any income not reported in this Organizer? |

- | | | | |
|--------------------------|--------------------------|---|---|
| Yes | No | | <u>Business and Rental Property Income</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |

- | | | | |
|--------------------------|--------------------------|---|---|
| Yes | No | | <u>Business and Rental Property Deductions</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you purchase any furniture or equipment for your business? |

- | | | | |
|--------------------------|--------------------------|----|--|
| Yes | No | | <u>Other Deductions</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to HSA (Health Savings Account) in 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did any security become worthless during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did any debts become uncollectible during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you refinance a mortgage or take out a home equity loan during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you pay alimony? |
-

Name New Client

SSN XXX-XX-XXXX

Wages

W-2 Information

		Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
"X" if spouse	Employer's Name				
	1				
	2				
	3				
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Name New Client

SSN XXX-XX-XXXX

Retirement Income

1099-R Information

"X" if spouse		Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
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<input type="checkbox"/>	52				
<input type="checkbox"/>	53				
<input type="checkbox"/>	54				
<input type="checkbox"/>	55				

Name New Client

SSN XXX-XX-XXXX

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
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Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
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Name New Client

SSN XXX-XX-XXXX

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	_____	1		
<input type="checkbox"/>	2	_____	2		
<input type="checkbox"/>	3	_____	3		
<input type="checkbox"/>	4	_____	4		
<input type="checkbox"/>	5	_____	5		
<input type="checkbox"/>	6	_____	6		
<input type="checkbox"/>	7	_____	7		
<input type="checkbox"/>	8	_____	8		
<input type="checkbox"/>	9	_____	9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Recipient's Name	Recipient's SSN		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	_____	_____	1		
<input type="checkbox"/>	2	_____	_____	2		
<input type="checkbox"/>	3	_____	_____	3		
<input type="checkbox"/>	4	_____	_____	4		
<input type="checkbox"/>	5	_____	_____	5		
<input type="checkbox"/>	6	_____	_____	6		
<input type="checkbox"/>	7	_____	_____	7		
<input type="checkbox"/>	8	_____	_____	8		
<input type="checkbox"/>	9	_____	_____	9		

Name New Client

SSN XXX-XX-XXXX

Business Assets

Assets Placed in Service in Prior Years

Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1			
2			
3			
4			
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Name New Client

SSN XXX-XX-XXXX

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
20 Advertising	20		
21 Contract labor	21		
22 Commissions and fees	22		
23 Depletion	23		
24 Employee benefit programs (other than on line 35)	24		
25 Insurance (other than health)	25		

Interest:

26 Mortgage (paid to banks, etc.)	26		
27 Other	27		

28 Legal and professional services	28		
29 Office expense	29		
30 Pension and profit-sharing plans	30		

Rent or Lease:

31 Machinery rental or lease	31		
32 Equipment rental or lease	32		
33 _____	33		
34 _____	34		
35 Other business property rental or lease	35		
36 _____	36		
37 _____	37		
38 _____	38		

39 Repairs and maintenance	39		
40 Supplies (not included in inventory cost of goods sold)	40		
41 Taxes and licenses	41		

Travel, Meals, and Entertainment:

Travel

42 _____	42		
43 _____	43		
44 _____	44		
45 _____	45		

Meals and entertainment

46 Enter "X" in the box if subject to DOT hours of service limits	46	<input type="checkbox"/>	<input type="checkbox"/>
47 _____	47		
48 _____	48		
49 _____	49		
50 _____	50		

51 Utilities	51		
52 Wages	52		

Other Expenses:

53 _____	53		
54 _____	54		
55 _____	55		
56 _____	56		
57 _____	57		
58 _____	58		
59 _____	59		
60 _____	60		
61 _____	61		

Name New Client

SSN XXX-XX-XXXX

Business _____

Vehicle Information (Schedule C)

	Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year 4				
5 Commuting miles included on line 3 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				
Actual Expenses				
9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

	Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year 4				
5 Commuting miles included on line 3 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				
Actual Expenses				
9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

Name New Client

SSN XXX-XX-XXXX

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Insurance 7
- 8 Rent 8
- 9 Repairs and maintenance 9
- 10 Utilities 10
- 11 Other Expenses:
 - a _____ 11a
 - b _____ 11b
 - c _____ 11c
 - d _____ 11d
 - e _____ 11e

Current Year Amount	Prior Year Amount

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

- 12 Casualty losses 12
- 13 Excess mortgage interest 13
- 14 Insurance 14
- 15 Rent 15
- 16 Repairs and maintenance 16
- 17 Utilities 17
- 18 Other Expenses:
 - a _____ 18a
 - b _____ 18b
 - c _____ 18c
 - d _____ 18d
 - e _____ 18e

Current Year Amount	Prior Year Amount

Name New Client

SSN XXX-XX-XXXX

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
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41					
42					
43					
44					
45					

Name New Client

SSN XXX-XX-XXXX

Real Estate Rentals and Royalties

Property Description _____
 Address _____
 City _____ State _____ Zip _____
 Foreign Country _____
 Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint) 1a		
1b Enter property type number (1 to 8) 1b (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<input type="text"/>	<input type="text"/>
2 Enter "X" if you actively participated? 2	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? 3	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use? 3a	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented? 3b	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received 4		
5 Rent received 5		
5a If rental real estate, enter the percent of ownership if less than 100% 5a		
5b Rental use percentage for property used partially for personal use only 5b		
6 Other Income 6		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising 7		
8 Cleaning and maintenance 8		
9 Commissions 9		
10 Insurance 10		
11 Legal and other professional fees 11		
12 Management fees 12		
13a Qualified mortgage interest paid to banks, etc. 13a		
13b Other mortgage interest paid to banks, etc. 13b		
14 Other interest 14		
15 Repairs 15		
16 Supplies 16		
17a Real estate taxes 17a		
17b Other Taxes 17b		
18 Utilities 18		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____ A		
B _____ B		
C _____ C		
D _____ D		
E _____ E		
F _____ F		
G _____ G		

Name New Client

SSN XXX-XX-XXXX

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals and Entertainment Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name New Client

SSN XXX-XX-XXXX

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 Net operating loss carryover (negative no.)			10		
11 Canceled debts			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees	7		

Other Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans	11		
<input type="checkbox"/>	12	Archer MSA deduction	12		
<input type="checkbox"/>	13	_____	13		
<input type="checkbox"/>	14	_____	14		

Electing to Report Child's Income on Parent's Return.

If your child has over \$1,050 in income from interest and dividends you may qualify to elect to report that income on your return.

Step 1 : Enter "X" if your child:

- 1 Is under 19 (24 if a full time student) on January 1, 2017.
- 2 Has income only from interest and dividends.
- 3 Has gross income of less than \$10,500.
- 4 Made no estimated tax payments.
- 5 Had no federal income tax withheld from his or her income.
- 6 Is required to file a 2016 return.
- 7 Does not file a joint return for 2016.

If you entered ("X") in ALL the above boxes your child qualifies.

Step 2 : Enter "X" if as the parent:

- 1 You are filing a joint return with the child's other parent.
- 2 You are married to the child's other parent, file separately, and you have the higher taxable income.
- 3 You are unmarried or separated and the custodial parent of this child.
- 4 You are married to someone other than the child's parent and file jointly with your spouse.
- 5 You are married to someone other than the child's parent, file separately, and you have the higher taxable income.

If you entered ("X") in ANY of the above boxes you are a qualifying parent.

If Both the Child and Parent Qualifies Then Continue.

Child's First Name	M.I.	Child's Last Name	Child's SSN
<hr/>			
Interest			
Payer			
1 _____	1		
2 _____	2		
3 _____	3		
4 _____	4		
5 _____	5		
6 _____	6		
7 _____	7		
8 _____	8		
9 _____	9		
10 _____	10		
		Taxable Interest Income	Tax Exempt Interest
		Current Year	Current Year
		Amount	Amount
		Prior Year	Prior Year
		Amount	Amount
		Specified Priv Act Interest	Specified Priv Act Interest
		Current Year	Current Year
		Amount	Amount
		Prior Year	Prior Year
		Amount	Amount
<hr/>			
Dividends			
Payer			
1 _____	1		
2 _____	2		
3 _____	3		
4 _____	4		
5 _____	5		
6 _____	6		
7 _____	7		
8 _____	8		
9 _____	9		
10 _____	10		
		Ordinary Dividends	Qualifying Dividends
		Current Year	Current Year
		Amount	Amount
		Prior Year	Prior Year
		Amount	Amount
		Capital Gains	Capital Gains
		Current Year	Current Year
		Amount	Amount
		Prior Year	Prior Year
		Amount	Amount

IRA and Other Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter total traditional IRA contributions made for 2016		
2	Enter contributions, on line 1, made after 12/31/2016 and before 04/15/2017		
3	Enter value of all traditional IRAs on 12/31/2016		
4	Enter amount of any outstanding traditional rollovers as of 1/1/2017		
Spouse			
5	Enter total traditional IRA contributions made for 2016		
6	Enter contributions, on line 5, made after 12/31/2016 and before 04/15/2017		
7	Enter value of all traditional IRAs on 12/31/2016		
8	Enter amount of any outstanding traditional rollovers as of 1/1/2017		

Roth IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2016 Roth IRA contributions		
2	Enter value of all Roth IRAs on 12/31/2016		
Spouse			
3	Enter 2016 Roth IRA contributions		
4	Enter value of all Roth IRAs on 12/31/2016		

SIMPLE IRA

		Current Year Amount	Prior Year Amount
Filer			
1	Enter value of all SIMPLE IRAs on 12/31/2016		
Spouse			
2	Enter value of all SIMPLE IRAs on 12/31/2016		

Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2016 Coverdell ESA contributions		
2	Enter value of the Coverdell ESA on 12/31/2016		
Spouse			
3	Enter 2016 Coverdell ESA contributions		
4	Enter value of the Coverdell ESA on 12/31/2016		

Other

		Current Year Amount	Prior Year Amount
Filer			
1	Repayment of qualified reservist distributions		
Spouse			
2	Repayment of qualified reservist distributions		

Name New Client

SSN XXX-XX-XXXX

Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
Real Estate Taxes			
23	Principal residence	23	
24	Real estate taxes from Schedule E properties	24	
Real Estate Not Held For Investment			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
Real Estate Held For Investment			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41	
42	K1 (1120S) - Other deductions/taxes	42	
43	K1 (1041) - Other deductions/taxes	43	
44	_____	44	
45	_____	45	
46	_____	46	

Name New Client

SSN XXX-XX-XXXX

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

		Current Year Amount	Prior Year Amount
47	Lender _____	47	
48	Lender _____	48	
49	Lender _____	49	
50	Lender _____	50	

Home Mortgage Interest Not Reported on Form 1098

51	Name: _____	51	
	Address: _____		
	SSN: _____		

52	Mortgage insurance premiums paid on 2016 acquisition indebtedness for principal residence	52	
----	---	----	--

Refinancing Points

53	Description	53	
	Points paid		
	Date of loan		
	Total number of scheduled loan payments		
	Number of payments made in 2016		
54	Description	54	
	Points paid		
	Date of loan		
	Total number of scheduled loan payments		
	Number of payments made in 2016		
55	Description	55	
	Points paid		
	Date of loan		
	Total number of scheduled loan payments		
	Number of payments made in 2016		
56	Description	56	
	Points paid		
	Date of loan		
	Total number of scheduled loan payments		
	Number of payments made in 2016		

57	Investment interest paid	57	
----	------------------------------------	----	--

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58 Union and professional dues	58			
59 Professional subscriptions	59			
60 Uniform and protective clothing	60			
61 Job search costs	61			
62 _____	62			
63 _____	63			
64 _____	64			
65 _____	65			
66 _____	66			
67 _____	67			

Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"		Current Year Amount	Prior Year Amount
68 Tax preparation fees		68		
69 Certain attorney and accounting fees	<input type="checkbox"/>	69		
70 Safe deposit box rental	<input type="checkbox"/>	70		
71 IRA Custodial fees	<input type="checkbox"/>	71		
72 Investment counsel and advisory fees	<input type="checkbox"/>	72		
73 Losses on deposits in insolvent or bankrupt financial institutions	<input type="checkbox"/>	73		
74 Convenience fees paid with credit or debit card for federal taxes in 2016	<input type="checkbox"/>	74		
75 _____	<input type="checkbox"/>	75		
76 _____	<input type="checkbox"/>	76		
77 _____	<input type="checkbox"/>	77		
78 _____	<input type="checkbox"/>	78		
79 _____	<input type="checkbox"/>	79		
80 _____	<input type="checkbox"/>	80		
81 _____	<input type="checkbox"/>	81		
82 _____	<input type="checkbox"/>	82		
83 _____	<input type="checkbox"/>	83		
84 _____	<input type="checkbox"/>	84		

Other Miscellaneous Deductions

85 Federal estate tax on income in respect of a decedent	85		
86 Amortizable bond premiums on bonds acquired before 10/23/86	86		
87 Gambling losses (if gambling income)	87		
88 Repayment of income	88		
89 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	89		
90 Certain unrecovered investment in a pension	90		
91 _____	91		
92 _____	92		
93 _____	93		
94 _____	94		
95 _____	95		
96 _____	96		

Name New Client

SSN XXX-XX-XXXX

Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

Current Year Amount	Prior Year Amount

- 1 Gifts To Charity Other Than By Cash or Check* 1
- 2 Total Miles driven for charitable activities 2
- 3 Parking fees, tolls and local transportation for charitable activities 3

Gifts To Charity By Cash or Check

1	
2	
3	
4	
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46		
47		

Name New Client

SSN XXX-XX-XXXX

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
1	Name Address City	State	Zip Code	
2	Name Address City	State	Zip Code	
3	Name Address City	State	Zip Code	
4	Name Address City	State	Zip Code	
5	Name Address City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name New Client

SSN XXX-XX-XXXX

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
 2 Amount of dependent care expenses incurred in 2015 and paid in 2016 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<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"/>	_____	_____
<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"/>	_____	_____
<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"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2016
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2016
1	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
2	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
3	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
4	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		
5	First: _____	_____	SSN: _____	_____
	Last: _____	City: _____	EIN: _____	
	Business: _____	State: _____ Zip: _____		

Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number _____

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

- 1 Did you pay ANY ONE household employee cash wages of \$2,000 or more in 2016? 1 Yes No
If yes, skip to line 4.
- 2 Did you withhold Federal income tax during 2016 for any household employees? 2 Yes No
If yes, skip to line 5.
- 3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER of 2015 or 2016 to household employees? 3 Yes No

		Current Year Amount	Prior Year Amount
4	Enter the total amount of wages paid to all employees, who were each paid in excess of \$2,000 during the year.		
5	Total Federal income tax withheld		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

- 6 Did you pay unemployment contributions to only one state? 6 Yes No
- 7 Did you pay all state unemployment contributions by April 15, 2017? 7 Yes No
- 8 Were all wages that are taxable for federal unemployment also taxable for your state unemployment tax? 8 Yes No

If you checked the "Yes" box on ALL the lines above, complete Section A. Otherwise complete Section B.

Section A

- 9 Name of State where you paid unemployment contributions 9

--
- 10 State reporting number as shown on State unemployment return 10

--
- 11 Amount of contributions paid to the State unemployment fund 11

--
- 12 Total cash wages subject to FUTA 12

--

Section B

		State Unemployment	State Unemployment
13	Name of State where you paid unemployment contributions		
14	State reporting number as shown on State unemployment return		
15	Wages, subject to state unemployment tax, reported to State		
16	State experience rate		
17	State experience rate period a. From 17a		
	b. To 17b		
18	Amount of contributions paid to the State unemployment fund		