From:
To:
Kollath & Associates, CPA LLC
421 Water St.,Ste. 111 Prairie du Sac, WI 53578
hhadalahallahall

2016 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature	Date	
Spouse signature	Date	

Kollath & Associates, CPA LLC 421 Water St.,Ste. 111 Prairie du Sac, WI 53562 608-644-0206

Dear:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2015 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2014 personal income tax return.

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (***-**-***) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2015 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income,

Social Security, state or local refunds, gambling winnings, etc.

- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your

return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Kollath & Associates, CPA LLC

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year? If yes, explain:		
Did your address change from last year?		
Can you be claimed as a dependent by another taxpayer?		
Did you change any bank accounts, or did routing transit numbers (RTN) and/or		
bank account number change for existing bank accounts that have been used		
to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority	_	_
during the tax year?		
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.		
a victini of identity there: If yes, attach the IKS letter.	_	_
Dependent Information		
Were there any changes in dependents from the prior year?		
If yes, explain:		
Do you have any children under age 19 or a full-time student under age 24 with	_	_
unearned income in excess of \$2,100?		
Do you have dependents who must file a tax return? Did you provide over half the support for any other person(s) other than your		
dependent children during the year?		
Did you pay for child care while you worked or looked for work?	_	_
Did you pay any expenses related to the adoption of a child during the year?		
If you are divorced or separated with child(ren), do you have a divorce decree		
or other form of separation agreement which establishes custodial responsibilities?		
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or	_	_
have they been a victim of identity theft? If yes, attach the IRS letter.		
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?		
Did you acquire a new or additional interest in a partnership or S corporation?		
Did you sell, exchange, or purchase any real estate during the year?		
Did you purchase or sell a principal residence during the year?		
Did you foreclose or abandon a principal residence or real property during the year?	_	₽
Did you acquire or dispose of any stock during the year?	_	_
Did you take out a home equity loan this year?		
Did you refinance a principal residence or second home this year?		
Did you sell an existing business, rental, or other property this year? Did you lend money with the understanding of repayment and this year it		ш
became totally uncollectable?		
Did you have any debts canceled or forgiven this year, such as a home mortgage or		
student loan(s)?		
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell	_	_
vehicle this year?		
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly		
or indirectly, such as from investment accounts, partnerships or a foreign employer?		
Did you receive any income from property sold prior to this year?		
Did you receive any unemployment benefits during the year?		
Did you receive any disability income during the year?		

Did you receive tip income not reported to your employer this year? Did any of your life insurance policies mature, or did you surrender any policies? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Do you expect a large fluctuation in income, deductions, or withholding next year?		0
Retirement Information	_	_
Are you an active participant in a pension or retirement plan?		
Did you receive any Social Security benefits during the year? Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?		_
Did you receive any lump-sum payments from a pension, profit sharing or	_	_
401(k) plan?		
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP,	_	_
401(k), or other qualified retirement plan?		
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school		
during the year, or plan to attend one in the coming year?		
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?		
Did anyone in your family receive a scholarship of any kind during the year?		ă
Did you make any withdrawals from an education savings or 529 Plan account?		
Did you pay any student loan interest this year?		
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?		
Did you make any contributions to an education savings or 529 Plan account?		
Health Care Information Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095	-C_	-
you received. If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2015? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	_	
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizen members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption		_
Certificate Number (ECN) or type of exemption.		
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received. Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in		0
your family?		
Did you make any contributions to a Health savings account (HSA) or Archer MSA?		
Did you receive any distributions from a Health savings account (HSA), Archer	_	_
MSA, or Medicare Advantage MSA this year? Did you pay long-term care premiums for yourself or your family?		
Did you make any contributions to an ABLE (Achieving a Better Life Experience)	_	_
account? If yes, attach any Form(s) 1099-QA you received.		
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience	e)	_
account? If yes, attach any Form(s) 1099-QA you received.		
If you are a business owner, did you pay health insurance premiums for your employees this year?		
F	_	_

Itemized Deduction Information		
Did you incur a casualty or theft loss or any condemnation awards during the year?		
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?		
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?		
If yes, please provide evidence such as a receipt from the donee organization, a		
canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C	_	_
or other written acknowledgement from the donee organization.		
Did you have an expense account or allowance during the year?	_	_
Did you use your car on the job, for other than commuting?		
Did you work out of town for part of the year?		
Did you have any expenses related to seeking a new job during the year?		
Did you make any major purchases during the year (cars, boats, etc.)?	ш	ш
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?		
for which the seller did not collect state sales of use tax?	_	_
Miscellaneous Information		
Did you make gifts of more than \$14,000 to any individual?		
Did you utilize an area of your home for business purposes?		
Did you engage in any bartering transactions?		
Did you retire or change jobs this year?		
Did you incur moving costs because of a job change?		
Did you pay any individual as a household employee during the year?		
Did you make energy efficient improvements to your main home this year?		
Did you receive a distribution from, or were you a grantor or transferor for a foreign		
trust?		
Did you have a financial interest in or signature authority over a financial account		
such as a bank account, securities account, or brokerage account, located in a	_	_
foreign country?		
Do you have any foreign financial accounts, foreign financial assets, or hold		_
interest in a foreign entity?		
Did you receive correspondence from the State or the IRS? If yes, explain:	ш	ш
Do you have previous years of tax returns that are either unfiled or filed with		
unpaid balances due?		
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you	_	
check yes, it will not change your tax or reduce your refund.		

Form ID: 1040		Perso	nal Information			1
Filing (Marital) status cod	· -		ng separate, 4 = Head of househo	old, 5 = Qualifying widow(er))	[1]
Mark if you were married						[2]
Mark if your nonresident	alien spouse does no	ot have an Individua	al Taxpayer Identification	n Number (ITIN)		[3]
Social cocurity number			Taxpayer		Spouse	
Social security number First name			[4] [6]	_		[5] [7]
Last name	·					
Occupation			[10]			[11]
Designate \$3.00 to the pr	esidential election ca	ampaign fund? (1 = Y				[14]
Mark if dependent of ano	ther taxpayer		[15]			[16]
Taxpayer with income less	s than 1/2 support a	ge 18 or 19 - 23 ful	l-time student? <u>(Y, N</u> N17]			
Mark if legally blind			[20]			[21]
Date of birth		_	[22]			[24]
Date of death	number/out numbe	_	[26]			[27]
Work/daytime telephone Home/evening telephone			<u></u>		[30]	[31]
Do you authorize us to dis		th the IRS? (V N)	[32] [34]			[33]
Do you dutilonize us to dis	seass your return with					
		Present	t Mailing Address			
Address						[38]
Apartment number					-	[39]
City, state postal code, zip	o code			[40]	[41]	[42]
Foreign country name Foreign phone number				-		[44] [47]
In care of addressee						[48]
						[10]
		•	dent Information			
	(*Pl	ease refer to Depe	ndent Codes located at	the bottom)	Months**Dep	Care expenses
First Name 49]	Last Name	Date of Birth	Social Security No.	Relationship	in Codes home * **	paid for dependent
		2440 01 211 411		р		о ороно он
			- <u></u>			
			- 			
		-	·			
			·			
			-			
Name of child who lived v		our dependent				[50]
Social security number of	qualifying person					[51]
		Dep	endent Codes			
*Basic 1 = Child v			**Other 1 = Stude			
	who did not live wit	h you		oled dependent		
	dependent			endent who is both	a student and dis	abled
-	ying child for Earne		-	a		
	-	-	alify for Earned Income			
	-	-	alify for Child Tax Credit alify for Child Tax Credit		Cradit	
***Month\$7 = Repo	<u>-</u>	•	miy ioi cima rax credit	. Or carried income	Creuit	
_	rted on even year re					
=	eported on return	~~~				
33						

Form ID: 1040

Client Contact Information

Preparer - Enter on Screen Contact

2

Tax matters person (Indicate which spouse handles tax return related questions	s) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21
Pager number	[14]	[22
Other:	[15]	[23
Telephone number	[16]	[24
Extension	[17]	[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

Form	

Direct Deposit/Electronic Funds Withdrawal Information

3

Form ID: Bank

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:				[1]
_, , , , , , , , , , , , , , , , , , ,				
Financial institution routing transit number				[2]
Name of financial institution				[3]
Your account number				[4]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[5]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account and the first state of the second st	t)			[6]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	1 -1	_		[7]
Enter the maximum dollar amount, or percentage of total refund Dollar	[8]	or Perc	ent (xxx.xx)	[9]
Secondary account #1:				
Financial institution routing transit number				[24]
Name of financial institution				[25]
Your account number				[26]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[27]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account	t)			[28]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)				[29]
Enter the maximum dollar amount, or percentage of total refund Dollar	[10]	or Perc	ent (xxx.xx)	[11]
Secondary account #2:				
Financial institution routing transit number				[30]
Name of financial institution				[31]
Your account number				[32]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[33]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account	t)			[34]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	•			[35]
Enter the maximum dollar amount, or percentage of total refund Dollar	[14]	or Perc	cent (xxx.xx)	[15]
efunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be acc	epted by the	bank or fi	inancial institution.	
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accounts. Refund - U.S. Series I Savings Bond Purchas		bank or fi	inancial institution.	
Refund - U.S. Series I Savings Bond Purchas tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, lease note you may enter only one name per registration (with exception of married filing joint processes).	es r up to the please co	ree diff	ferent persons e the following	g informati
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Refund - U.S. Series I Savings Bond Purchas tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, lease note you may enter only one name per registration (with exception of married filing journe, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like to The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Ond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary and information for someone other than taxpayer and spouse, if married filing jointly	es r up to the please cooint return used to pud in both nan [12]	ree diff mpletens) and archase archase or Pe	ferent persons the following must enter the bonds on the return. ercent (xxx.xx)	g informati ne party's g [13 [17 [38 [40 [41
Refund - U.S. Series I Savings Bond Purchas tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, lease note you may enter only one name per registration (with exception of married filing joame, do not use nicknames. Idicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like to the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Owner in formation for someone other than taxpayer and spouse, if married filing jointly. Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds. [37] Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary. Ond information for someone other than taxpayer and spouse, if married filing jointly maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds.	es r up to the please cooint return used to pud in both nan [12] [16]	ree diffi mpletens) and archase nes listed or Po or Po	ferent persons the following must enter the bonds on the return. ercent (xxx.xx)	informati ne party's g [13 [17 [38 [40 [41
Refund - U.S. Series I Savings Bond Purchas A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for opurchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please note you may enter only one name per registration (with exception of married filing journe, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like to the honds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar Gond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds. [37] Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Fond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds. Owner's name (First Last) [39] Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds. Owner's name (First Last) [42]	es r up to the please coolint return used to pud in both nan [12] [16]	ree diffi mpletens) and archase nes listed or Po	ferent persons the following must enter the bonds on the return. ercent (xxx.xx)	informati ne party's g [13 [17 [38 [40 [41 [21]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file to comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS Taxpayers may choose to file a paper return instead of filing electronically.	
Mark if you want to file a paper return even if you qualify for electronic filing	[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) If 1 or 2, please provide email address on Organizer Form ID: Info	[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your	
financial institution account	[9]
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Number (PIN)	[7]
Spouse self-selected Personal Identification Number (PIN)	[8]

Electronic Filing

4

NOTES/QUESTIONS:

Form ID: ELF

Form ID: Est		Es	timate	ed Taxes			6
If you have an overn	avment of 2016	taxes, do you want the ex					
Refunded	ayment of 2010	taxes, do you want the ex					[52]
Applied to 201							[53]
	_	ge in your 2017 income? (Y, I	N)				[54]
If yes, please explain	any differences	S:					[55]
							[55] [56]
							[57]
_							[58]
Do you expect a cons If yes, please explain	_	e in your deductions for 20	17? (Y, N	1)			[59]
ii yes, piease expiaiii	any uniterences	5.					[60]
							[61]
							[62]
Do you ovpost a con-	idorablo chang	ge in the amount of your 20	17 with	halding? (v. v.)			[63]
If yes, please explain	_	·	17 WILII	Holullig! (Y, N)			[64]
yee, preade exprain							[65]
							[66]
							[67]
Do you expect a chai	nge in the numb	per of dependents claimed	for 201	72 (V N)			[68] [69]
If yes, please explain	_		101 201	, . (1, N)			[05]
							[70]
							[71]
							[72] [73]
Mark if you use the E	lectronic Feder	ral Tax Payment System (EF	TPS) to	pay your estima	ated taxes		
		2016 Federa	l Estir	nated Tax P	ayments		
2015 overpayment a	nnliad to 2016	actimatas				+	[4]
	• •	ounts on the dates due indic	cated be	elow. Skip the r	emaining fi		[1] [5]
, .				,	J		
		ot made on the date due or	were fo	or an amount of	ther than th	ne calculated amount be	low, please enter
the actual date and a	imount paid.						
	Date Due	Date Paid if After Date D	ue	Amount Paid	Г	Calculated Amount	Method*
1st quarter payment		[6]	+		[7]		
2nd quarter paymen		[8]	+		[9]		
3rd quarter payment 4th quarter payment		[10] [12]	+		[11] [13]		
Additional payment	. 1/1//1/	[14]	· —		[15]		
			-				
	FF\A/ = F!/			indicated in p		Ny Dougnout Court and	
		onic funds withdrawal orm 1040-ES estimated tax			rederai ia	ax Payment System	
ι		20 10 20 30ttillated tax	10011110			1	
NOTES (OUTSET)	DNC.						
NOTES/QUESTIC	אוע::						

Control Totals+

Form ID: Est

Form ID: St Pmt	2016 State Estin	nated Tax Payments	7
Taxpayer/Spouse/Joint (τ, s, J)			_[1]
State postal code			[2]
Amount paid with 2015 return		+	[3]
2015 overpayment applied to '16 estimates		+	[4]
Treat calculated amounts as paid			[8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+[10]	- Caroline Carrini Carre
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15]		+[16]	
Additional payment[17]		+[18]	
	2016 City Estim	ated Tax Payments	
City #1		City #2	
City name	[28]	City name	[50]
Amount paid with 2015 return + _	[31]	Amount paid with 2015 return +	[53]
2015 overpayment applied to '16 estimates _		, , , , , , , , , , , , , , , , , , , ,	
Treat calculated amounts as paid	[36]	Treat calculated amounts as paid	[58]
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[37] +_			
2nd quarter payment[39] +	[40]	2nd quarter payment[61] +	[62]
3rd quarter payment[41] +			
4th quarter payment[43] + _	[44]	4th quarter payment[65] +	[66]
Calculated Amount		Calculated Amount	;
		· · · · · · · · · · · · · · · · · · ·	
3rd quarter payment		3rd quarter payment	
4th quarter payment		4th quarter payment	
City #3		City #4	
City name	[72]		[94]
Amount paid with 2015 return + _		Amount paid with 2015 return +	
2015 overpayment applied to '16 estimates _		2015 overpayment applied to '16 estimates	
Treat calculated amounts as paid	[80]	Treat calculated amounts as paid	[102]
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[81] +_		1st quarter payment[103] +	
2nd quarter payment[83] +		· · · · · ——	
3rd quarter payment[85] +		3rd quarter payment [107] +	
4th quarter payment[87] + _	[88]	4th quarter payment[109] +	[110]
Calculated Amount		Calculated Amount	:
1st quarter payment		1st quarter payment	
2nd quarter payment		2nd quarter payment	
3rd quarter payment 4th quarter payment		3rd quarter payment 4th quarter payment	
Till quarter payment		Ten quarter payment	

Wages and Salaries #1

Please p	provide all copies of Form W-2. 2016 Information		Prior Year Information
Taxpayer/Spouse (T, S)	_	[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military	y, 3 = Farming / Fishing, 4 = National Guard)	[5]	
Mark if this is your current employer		[6]	
Federal wages and salaries (Box 1)	+	[10]	
Federal tax withheld (Box 2)	+	[12]	
Social security wages (Box 3) (If different than federal wages)	+	[14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	[21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -		_	
Statutory employee	_	[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)		[32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	 [40]	
Name of locality (Box 20)		[43]	
		1	
	Control Totals+		

Wages and Salaries #2

riease provide	2016 Information	n	Prior Year Information
Taxpayer/Spouse (т, s)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far	ming / Fishing, 4 = National Guard)	[5]	
Mark if this your current employer		 [6]	
Federal wages and salaries (Box 1)	+	[10]	
Federal tax withheld (Box 2)	+	[12]	
Social security wages (Box 3) (If different than federal wages)	+	[14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	[21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)		[32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	[40]	
Name of locality (Box 20)		[43]	

Control Totals+	

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**	See coo	des below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawa	U.S. Obligations I \$ or %	* Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer				· · · · · · · · · · · · · · · · · · ·		1	
		_	Amounts +							
		2	Payer				· · · · · · · · · · · · · · · · · · ·		1	
			Amounts +							
		3 —	Payer							
			Amounts +							
		4	Payer						1	
			Amounts +							
		5 —	Payer						1	
			Amounts +							
		6	Payer							
			Amounts +							
		7	Payer							
		_	Amounts +							
		8	Payer							
			Amounts +							
		9 _	Payer						T	
			Amounts +							
		10	Payer						T	
			Amounts +							

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals +	Form ID: B-1
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Form ID: B-2

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type	e e (**	See codes bel	Ordinary [2] ow) Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer				,		,		,			
		_	Amounts	+										
		2	Payer											
		_	Amounts	+										
		3	Payer											
		_	Amounts	+										
		4	Payer											
		_	Amounts	H										
		5	Payer											
			Amounts	+										
		6	Payer											
		Ŭ	Amounts	+										
		7	Payer											
		•	Amounts	+										
		8	Payer											
		0	Amounts	+										
		9	Payer	,								т.		
		9	Amounts	+										
		10	Payer	1	<u>, </u>		,		,		,			
		10	Amounts	+										

	**Dividend Codes
Blank = Other	3 = Nominee

Control Totals + Form ID: B-2

Form ID: D	Sales of Stocks, Securities, and Other Investment Property	15
	Please provide copies of all Forms 1099-B and 1099-S	
Did you have any securities	pecome worthless during 2016? (Y, N)	[8]
Did you have any debts beco	me uncollectible during 2016? (Y, N)	[9]
Did you have any commodit	y sales, short sales, or straddles? (Y, N)	[10]
Did you exchange any securi	ties or investments for something other than cash? (Y, N)	[12]

r/s/J	Description of Property 1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basi
				+	+
				+	+
				+	+
		_		+	+
				+	+
				+	+
				+	+
_				+	+
_			-	+	+
				+	+
				+	+
				+	+
		<u> </u>		+	+
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				+	+
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				+	+
		<u> </u>		+	+
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		<u> </u>		+	+
				+	+
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				+	+
				+	+
_			-	+	+
				+	+
_				+	+
				+	+
_			-	+	+
				+	+
				+	+
				+	+
				+	+
_				+	+
				+	+
				+	+
				+	+
				+	+

Form ID: D

Control Totals+

Taxpayer

2016 Information

Prior Year Information

[1]

Spouse

Alimony received	+	[3]	+	[4]	
Jnemployment compensation		[8]			
Jnemployment compensation federal withholding		[8]			
Jnemployment compensation state withholding		[8]			
Jnemployment compensation repaid	+	[11] ·	+	[12]	
Alaska Permanent Fund dividends	+	[17] ·	+	[12] [18]	
Self- Employment Income ? T/S/J (Y, N) Other income, such as: Com		·	fees, Taxa + 	[14]	Prior Year Information
		<u> </u>			
		·			
		·			
					_
					
		<u> </u>			
		<u> </u>			
- -					
- -		<u> </u>			
			+		_
			+		
			+		
			+		
			+		
_ 		·			

NOTES/QUESTIONS:

State and local income tax refunds

Cautual Tatala.	F ID. I
Control Totals+	Form ID: Income

Form ID: SSA-1099 Social Security, Tier 1	Railro	ad Benefits	23
Please provide a copy of Form	(s) SSA-1	099 or RRB-1099	
Taxpayer/Spouse (τ, s)		[1]	
State postal code		[2]	
Social Security	, Benef	its	
		2016 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following informat	ion:		
Net Benefits for 2016 (Box 3 minus Box 4) (Box 5)	+_	[8]	
Voluntary Federal Income Tax Withheld (Box 6)	+_	[10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	<u> </u>	[12]	
Prescription drug (Part D) premiums	Ť <u></u>	[14]	
Tier 1 Railroad	d Benef	its	
		2016 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following informat	tion:		
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2016 (Box 5)	+_	[22]	
Federal Income Tax Withheld (Box 10)	+_	[25]	
Medicare Premium Total (Box 11)	+_	[27]	
Additional Information A			

benefits in 2016. This info	ormation will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BC	0X 3 area or in the RRB-1099 Boxes 7 through
		[40]
		[41]

[42] [43] [44]

Additional information about the benefits received not reported above. For example did you repay any benefits in 2016 or receive any prior year

Form ID: IRA Traditional IR	Α			24
	Taxpayer		Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement				
plan? (Y, N)		_[1]		[2]
Do you want to contribute the maximum allowable traditional IRA contribution				
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		_[3]		[4]
Enter the total traditional IRA contributions made for use in 2016	+	[5]	+	[6]
	Taxpayer		Spouse	
Enter the nondeductible contribution amount made for use in 2016	+	[11]	+	[12]
Enter the nondeductible contribution amount made in 2017 for use in 2016	+	[13]	+	[14]
Traditional IRA basis	+	[15]	+	[16]
Value of all your traditional IRA's on December 31, 2016:				
	+	[17]	+	[18]
	+		+	
	+		+	
	+		+	
	+		+	
Roth IRA	F 0C0C 1	-1 1 41-	: <i>((</i> :	
Please provide copies of any 1998 through 2015	Taxpayer	a by tr	IIS OTTICE Spouse	
Mark if you want to contribute the maximum Roth IRA contribution	. axpaye.	[27]	Spouse	[28]
Enter the total Roth IRA contributions made for use in 2016	+	[29]	+	[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2016	+		+	
Enter the total contribution Roth IRA basis on December 31, 2015	+	 [41]	+	[42]
Enter the total Roth IRA contribution recharacterizations for 2016	+	[43]	+	[44]
Enter the Roth conversion IRA basis on December 31, 2015	+	[45]	+	[46]
Value of all your Roth IRA's on December 31, 2016:				
	+	[47]	+	[48]
	+		+	
	+		+	
	+		+	
	+		+	

Control Totals+	·	Form ID: IRA

Preparer use only			
		2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	
Employer identification number		[3]	
Business name		[5]	
Principal business/profession		[6]	
Business code		[12]	
Business address, if different from ho	me address on Organizer Form ID: 1		
Address		[15]	
City/State/Zip		[13]	
Accounting method (1 = Cash, 2 = Accrual, 3			
If other:	5 = Other)	[19]	-
		[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Ot	ther)	[22]	<u> </u>
If other enter explanation:			
		[24]	
Enter an explanation if there was a ch	nange in determining your inventory	:	
		[25]	
Did you "materially participate" in this	s business? (Y, N)	[26]	
If not, number of hours you did sig			_
Mark if you began or acquired this bu		[30]	
Did you make any payments in 2016 t			
If "Yes", did you or will you file all		-	-
· · · · · · · · · · · · · · · · · · ·	•	_[33]	-
Mark if this business is considered rel		-	-
Did you receive wages as a statutory of		-	<u></u>
Medical insurance premiums paid by		+[41]	
Long-term care premiums paid by this		+[45]	<u></u>
Amount of wages received as a statut	tory employee	+[48]	
	Business Ir	ncome	
	Business Ir		
	Business Ir	2016 Information	Prior Year Information
Gross receipts and sales	Business Ir		Prior Year Information
•	Business Ir	2016 Information +[53]	Prior Year Information
-		2016 Information +[53]	
		2016 Information +[53]	Prior Year Information
		2016 Information +[53]	
		2016 Information +	
Returns and allowances		2016 Information +[53]	
		2016 Information +[53] + + +[56]	
Returns and allowances		2016 Information +[53] + +[56] +[58]	
Returns and allowances		#	
Returns and allowances		2016 Information +[53] + +[56] +[58]	
Returns and allowances		#	
Returns and allowances		#	
Returns and allowances		2016 Information +[53] +[56] +[58] +[58] ods Sold	
Returns and allowances Other income:		2016 Information +	
Returns and allowances Other income: Beginning inventory		2016 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	
Returns and allowances Other income: Beginning inventory		2016 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor:		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:	Cost of Goo	2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2016 Information +	Prior Year Information

Schedule C - Expenses	27
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Form ID: C-2

Preparer use only		
Principal business or profession		
	2016 Information	Prior Year Information
Advertising		
Car and truck expenses		
·	+[8]	
Commissions and fees	+[10]	
Contract labor	+[12]	
Depletion	+[14]	
Depreciation	+[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit	:):	
	+[18]	
	+	
Insurance (Other than health):	·	
<u> </u>	+[20]	
	+	
Interest:		
Mortgage (Paid to banks, etc.)		
	+[22]	
	+	
	+	
Other:		
	+[24]	
<u> </u>	+	
	+[26]	
	+ [29]	
Pension and profit sharing:		
	L [24]	
	+[31]	-
	+	-
Rent or lease:		
Vehicles, machinery, and equipment	+[33]	
Other business property	+[35]	
	+[37]	
Supplies	+ [39]	
Taxes and licenses:		
Taxes and necrises:	L [41]	
<u> </u>	+[41]	
<u> </u>	+	
<u> </u>	+	
	+	
	+	
Travel, meals, and entertainment:		
	+ [43]	
	+ [45]	
Meals (Enter 100% subject to DOT 80% limit)	[10]	
	+[47]	
Utilities	+[51]	
Wages (Less employment credit):		
	+[53]	
	+	
Other expenses:		
•	+[55]	
	+	
	<u>+</u>	
<u> </u>	+	
- <u></u> -	+	
	+	
	+	
	+	
<u> </u>	+	
<u> </u>	+	

Control Totals+

Form ID: C-2

Form ID: C-3	Schedule C - Carryovers	28

Principal business or profession

Carryovers		Regular		AMT
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/	loss +	[22]	+	[23]
Section 179	+	[24]	+	[25]

Form ID: OtherAdj		Other Adjustments		4
Alimony Paid:				
T/S/J	Recipient name	Recipient SSN	2016 Information	Prior Year Information
.,,,,,	Redipient name		+ [1]	
Address	<u> </u>	L	(-)	
			+	
Address	<u> </u>	L		
			+	
Address		<u>'</u>		
		2016 Info	rmation	Prior Year Informatio
		Taxpayer	Spouse	
Educator expenses:			•	
	+_	[3] -	+[4]	
	+		+	
Other adjustments:				
•	+	[6]	+[7]	
	+		+	
	+		+	
	+		+	
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	···		+	-
			· +	_
			·	

Schedule A - Medical and Dental Expenses

	Medical supplies, Hearing aids, Eyeglasses/contact lenses, and In	surance reimbursen	nents received	
.]		+	[2]	_
		_		
		+		
	Medical insurance premiums you paid: (Do not include pre-tax amounts pelsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-2 on Form SSA-1099.)			red
		+	[5]	
		+	,	
		+		
	Long-term care premiums you paid: (Do not include pre-tax amounts paid elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1	I, etc.))		
			[8]	
	Prescription medicines and drugs:	<u> </u>		
]		+	[11]	
]	Miles driven for medical items		[14]	
_				
	State/local income taxes paid:	+	[19]	
		+	_	
		+		
		+	_	
]		+		
]		+		
3]		+		
]	2015 state and local income taxes paid in 2016:	+		
]	2015 state and local income taxes paid in 2016: Real estate taxes paid:	+ + + + + + + + + +	[22]	
]	2015 state and local income taxes paid in 2016: Real estate taxes paid:	+ + + + + + + + + + + + + + + + + + +	[22]	
]	2015 state and local income taxes paid in 2016: Real estate taxes paid:	+ + + + + + + + + + + + + + + + + + +	[22]	
]	2015 state and local income taxes paid in 2016: Real estate taxes paid:	+ + + + + + + + + + + + + + + + + + +	[22]	
]	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes:	+ + + + + + + + + + + + + + + + + + +	[22] [22]	
]	2015 state and local income taxes paid in 2016: Real estate taxes paid:	+ + + + + + + + + + + + + + + + + + +	[22]	
]	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes:	+ + + + + + + + + + + + + + + + + + +	[22] [22]	
1	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes:	+ + + + + + + + + + + + + + + + + + +	[22] [22]	
	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + + + + + + + + + + + + + +	[22]	
	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + + + + + + + + + + + + + +	[22]	
	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases:	+ + + + + + + + + + + + + + + + + + +	[22]	
	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + + + + + + + + + + + + + +	[22]	
B] [1] [7]	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases:	+ + + + + + + + + + + + + + + + + + +	[22] [25] [28] [31]	
B]	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+ + + + + + + + + + + + + + + + + + +	[22] [25] [25] [28] [31]	
B] [1] [7]	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+ + + + + + + + + + + + + + + + + + +	[22] [25] [28] [31] [37]	
	2015 state and local income taxes paid in 2016: Real estate taxes paid: Personal property taxes: Other taxes, such as: foreign taxes and State disability taxes Sales tax paid on major purchases: Sales tax paid on actual expenses:	+ + + + + + + + + + + + + + + + + + +	[22] [25] [25] [28] [31]	

Preparer use only			
		2016 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	
Employer identification number		[3]	
Business name		[5]	
Principal business/profession		[6]	
Business code		[12]	
Business address, if different from ho	me address on Organizer Form ID: 1		
Address		[15]	
City/State/Zip		[13]	
Accounting method (1 = Cash, 2 = Accrual, 3			
If other:	5 = Other)	[19]	-
		[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Ot	ther)	[22]	<u> </u>
If other enter explanation:			
		[24]	
Enter an explanation if there was a ch	nange in determining your inventory	:	
		[25]	
Did you "materially participate" in this	s business? (Y, N)	[26]	
If not, number of hours you did sig			_
Mark if you began or acquired this bu		[30]	
Did you make any payments in 2016 t			
If "Yes", did you or will you file all		-	-
· · · · · · · · · · · · · · · · · · ·	•	_[33]	-
Mark if this business is considered rel		-	-
Did you receive wages as a statutory of		-	<u></u>
Medical insurance premiums paid by		+[41]	
Long-term care premiums paid by this		+[45]	
Amount of wages received as a statut	tory employee	+[48]	
	Business Ir	ncome	
	Business Ir		
	Business Ir	2016 Information	Prior Year Information
Gross receipts and sales	Business Ir		Prior Year Information
•	Business Ir	2016 Information +[53]	Prior Year Information
-		2016 Information +[53]	
		2016 Information +[53]	Prior Year Information
		2016 Information +[53]	
		2016 Information +	
Returns and allowances		2016 Information +[53]	
		2016 Information +[53] + + +[56]	
Returns and allowances		2016 Information +[53] + +[56] +[58]	
Returns and allowances		#	
Returns and allowances		2016 Information +[53] + +[56] +[58]	
Returns and allowances		#	
Returns and allowances		#	
Returns and allowances		2016 Information +[53] +[56] +[58] +[58] cds Sold	
Returns and allowances Other income:		2016 Information +	
Returns and allowances Other income: Beginning inventory		2016 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	
Returns and allowances Other income: Beginning inventory		2016 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor:		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:	Cost of Goo	2016 Information +	Prior Year Information
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2016 Information +	Prior Year Information

Schedule C - Expenses	27
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Form ID: C-2

Preparer use only		
Principal business or profession		
	2016 Information	Prior Year Information
Advertising		
Car and truck expenses		
·	+[8]	
Commissions and fees	+[10]	
Contract labor	+[12]	
Depletion	+[14]	
Depreciation	+[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit	:):	
	+[18]	
	+	
Insurance (Other than health):	·	
<u> </u>	+[20]	
	+	
Interest:		
Mortgage (Paid to banks, etc.)		
	+[22]	
	+	
	+	
Other:		
	+[24]	
<u> </u>	+	
	+[26]	
	+ [29]	
Pension and profit sharing:		
	L [24]	
	+[31]	-
	+	-
Rent or lease:		
Vehicles, machinery, and equipment	+[33]	
Other business property	+[35]	
	+[37]	
Supplies	+ [39]	
Taxes and licenses:		
Taxes and necrises:	L [41]	
<u> </u>	+[41]	-
<u> </u>	+	
<u> </u>	+	
	+	
	+	
Travel, meals, and entertainment:		
	+ [43]	
	+ [45]	
Meals (Enter 100% subject to DOT 80% limit)	[10]	
	+[47]	
Utilities	+[51]	
Wages (Less employment credit):		
	+[53]	
	+	
Other expenses:		
•	+[55]	
	+	
	<u>+</u>	
<u> </u>	+	
- <u></u> -	+	
	+	
	+	
	+	
<u> </u>	+	
<u> </u>	+	

Control Totals+

Form ID: C-2

Form ID: C-3	Schedule C - Carryovers	28

Principal business or profession

Carryovers		Regular		AMT
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/	loss +	[22]	+	[23]
Section 179	+	[24]	+	[25]

/s/J	2016 Interest Paid2]	2016 Points Paid	2016 Type* Mortgage In:	S. Prior Year Information
Home mortgage interest: From Form 109			, ,	
[1]			+	-
	··		- -	-
			+	
			+	
			+	
			+	
			+	
			+	
	*Mortgage Type			
Blank = Used to buy, build or improve ma 1 = Not used to buy, build, improve home 2 = Used to pay off previous mortgage	in/qualified second home or investment 3 = Used 4 = Take	l to pay off pre n out before 7	evious mortgage, exc /1/82 and secured b	ess proceeds invested y home used by taxpaye
T/S/J Payee's Name Other, such as: Home mortgage inter	est paid to individuals	N 201	6 Information	Prior Year Information
[4]		+	[5]	
Address				
City, state and zip code				
		+		
Address				
City, state and zip code				
Refinancing Points paid in 2016 - Taxpayer/Spouse/Joint (τ, s, J) Recipient/Lender name Total points paid at time of refinance Percentage of principal exceeding ori Points deemed as paid in 2016 (Prep. Date of refinance Term of new loan (in months) Reported on Form 1098 in 2016 Taxpayer/Spouse/Joint (τ, s, J) Recipient/Lender name Total points paid at time of refinance Percentage of principal exceeding ori Points deemed as paid in 2016 (Prep. Date of refinance Term of new loan (in months) Reported on Form 1098 in 2016	ginal mortgage (For AMT adjustm arer use only)	ent) +	[11]	
T/S/J		201	6 Information	
Investment interest expense, other tha	n on Schedule(s) K-1:			
[15]			[16]	
_				
- ;	-	_		_
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-	-			_
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_		Ť		
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		T		1_
Contr	ol Totals+	1		Form ID: A-2

-orm וט: ו	Charitable Contributions	55
/S/J	Contributions made by cash or check (including out-of-pocket expenses) 2016 Information	Prior Year Information
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contri	
	Individual contributions of \$250 or more must be accompanied by a written acknowledgement from the charity in order to claim	the contribution on your return.
[2]	+[3]	
_	+	
_	+	
_	+	
_	+	
_	+	
_	+	
_		
	Volunteer miles driven + [6]	
_	Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods	
[8]		
_	+ +	
_	+	
_	+	
_	+	
_		
	Miscellaneous Deductions	
	Wilderfulledus Deductions	
/S/J	2016 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues,	
	Business publications, Job seeking expenses, Educational expenses	
[11]		
_	+	
_		-
_	, +	
_	Union dues:	
[14]	+ [15]	
	+	
— [17]	Tax preparation fees + [18]	
_	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees	
[20]	+[21]	
	+	
_	+	
	+	
[23]	Safe deposit box rental + [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:	
[26]	+[27]	
_	+	
_	+	
	Other expenses, not subject to the 2% AGI limit:	
[30]	+[31]	
_	+	
_	+	
_	+	
	Gambling losses: (Enter only if you have gambling income)	
[33]	+[34]	
_	+	
	Control Totals+	Form ID: A-3

Form ID: 2106

Employee Business Expenses

Preparer use only	2016 Information	Duia u Vaau lufa uusatia u
	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[2]	
Occupation in which expenses were incurred	[3]	
State postal code	[5]	
If the employee expenses were from an occupation listed below, enter the applic		
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fe		
Mark if these employee expenses are related to qualified services as a minister o		
Parking fees and tolls +	[17]	
	[19]	
	[22]	
Other business expenses:		
+	,,,,	
+		
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+		
Nonvehicle depreciation +	[28]	
Meals and entertainment +	[31]	
Meals for individuals subject to DOT hours of service limitation +	[33]	
Employer Reimburse	ments	
Enter Reimbursements not entered on Scree		
	2016 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2 +	[60]	
Reimbursements for meals and entertainment not included on Form W-2 +	[62]	
Reimbursements for meals for DOT service limitation not included on Form W-2+		

Control Totals+

			Employee E	Business Expens	ses		58
Preparer Taxpayer/Spouse (T, S Occupation in which State postal code)	incurred				[2] [3] [4]	
			Vehicle	e Questions			
If you used your auto Was the vehicle a Was another veh Do you have evid	vailable for off- icle available fo	duty personal r personal use	use? (Y, N, Blank = N ? (Y, N)			[5] [7] [9]	ar Information — —
			Vehicle	Information			
Vehicle 1 -	Date placed Description Comments	in service					[:
Vehicle 2 -	Date placed Description Comments	in service					[6
Vehicle 3 -	Date placed Description Comments	in service					[:
Vehicle 4 -	Date placed Description	in service					[: [:
	Comments						
	Comments		Vehicles A	Actual Expenses	s		
	Vehicle 1	Prior Year Information	Vehicles A	Actual Expenses Prior Year Information Veh	Prior Y		Prior Year Information
	Vehicle 1 ear [20]	Information	Vehicle 2	Prior Year	Prior Y licle 3 Inform	ation Vehicle 4	Prior Year Informatior
Business mileage	Vehicle 1 ear [20]	Information	Vehicle 2	Prior Year	Prior Y	ation Vehicle 4	Prior Year Informatior
Business mileage Average daily round tri	Vehicle 1 ear [20] [24] p	Information	Vehicle 2 [69] [71]	Prior Year	Prior Y Inform	ation Vehicle 4 [10]	Prior Year Information
Business mileage Average daily round tri commuting mileage	Vehicle 1 ear [20] [24] p	Information	Vehicle 2[69][71]	Prior Year	Prior Y Inform [116] [118] [120]	ation Vehicle 4	Prior Year Information
Business mileage Average daily round tri commuting mileage Fotal commuting milea	Vehicle 1 ear [20] [24] p [26] ge [28]	Information	Vehicle 2[69][71][73][75]	Prior Year	Prior Y Inform [116] [118] [120] [122]	ation Vehicle 4	Prior Year Information 553 555 677 599
Business mileage Average daily round tri commuting mileage Fotal commuting milea Gasoline	Vehicle 1 ear [20] p [26] ge [28] + [30]	Information	Vehicle 2 [69] [71] [73] [75] + [77]	Prior Year	Prior Y Inform	ation Vehicle 4 [14 [14 [14] [14] [14] [15] [16] [16] [17] [18]	Prior Year Information 633 657 659 699
Business mileage Average daily round tri commuting mileage Total commuting milea Gasoline Dil	Vehicle 1 ear [20]	Information	Vehicle 2 [69] [71] [73] [75] + [77]	Prior Year	Prior Y Inform	ation Vehicle 4 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	Prior Year Information [53] [55] [57] [59] [71] [73]
Business mileage Average daily round tri commuting mileage Fotal commuting milea Gasoline Dil Repairs	Vehicle 1 ear [20] p [26] ge [28] + [30] + [32]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81]	Prior Year	Prior Y Inform	ation Vehicle 4 [10] [10] [10] [10] [11] [11] [12] [12] [13] [14] [15] [16] [17] [17] [18] [18] [18] [18] [18] [18] [18] [18	Prior Year Information [53] [55] [57] [59] [71] [73] [75]
Business mileage Average daily round tri commuting mileage Fotal commuting milea Gasoline Dil Repairs Maintenance	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83]	Prior Year	Prior Y Inform	ation Vehicle 4 [10] [10] [10] [10] [10] [10] [10] [10	Prior Year Information [53] [55] [57] [59] [73] [75] [77]
Business mileage Average daily round tri commuting mileage Fotal commuting milea Gasoline Dil Repairs Maintenance Fires	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [36] + [38]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85]	Prior Year	Prior Y Inform	ation Vehicle 4 [14 [14 [14 [17 [17] [18]	Prior Year Information [53] [55] [57] [59] [71] [73] [75] [77] [79]
Business mileage Average daily round tri commuting mileage Total commuting milea Gasoline Dil Repairs Maintenance Tires Car washes	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [34] + [40]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87]	Prior Year	Prior Y Inform	ation Vehicle 4 [14	Prior Year Information [53] [55] [57] [59] [71] [73] [75] [77] [79] [81]
Business mileage Average daily round tri commuting mileage Total commuting milea Gasoline Dil Repairs Maintenance Tires Car washes Insurance	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [36] + [40] + [42]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87]	Prior Year	Prior Y Inform	ation Vehicle 4 [14	Prior Year Information 633 655 677 731 755 779 811 833
Business mileage Average daily round tri commuting mileage Fotal commuting milea Gasoline Dil Repairs Maintenance Fires Car washes nsurance nterest	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [36] + [40] + [42]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91]	Prior Year	Prior Y Inform	ation Vehicle 4 [14	Prior Year Information [53] [55] [57] [77] [79] [81] [83] [85]
Business mileage Average daily round tri commuting mileage Total commuting milea Gasoline Dil Repairs Maintenance Tires Car washes Insurance Registration	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [36] + [40] + [42] + [44] + [46]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91]	Prior Year	Prior Y Inform	ation Vehicle 4 [10] [10] [10] [10] [11] [10] [11] [11	Prior Year Information [53] [55] [57] [59] [73] [75] [79] [81] [83] [85] [87]
Business mileage Average daily round tri commuting mileage Total commuting milea Gasoline Dil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [36] + [40] + [42] + [44] + [44] + [46]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [89] + [91] + [95]	Prior Year	Prior Y Inform	ation Vehicle 4 [10] [10] [10] [10] [11] [10] [11] [11	Prior Year Information [53] [55] [57] [57] [77] [79] [81] [83] [83] [87] [89]
Business mileage Average daily round tri commuting mileage Fotal commuting milea Gasoline Dil Repairs Maintenance Fires Car washes Insurance Interest Registration Licenses Property taxes (Plates, tag	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [34] + [40] + [42] + [44] + [44] + [46] + [48]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year	Prior Y Inform	ation Vehicle 4 [10] [10] [10] [10] [11] [10] [11] [11	Prior Year Information [53] [55] [57] [59] [71] [73] [75] [77] [79] [81] [83] [83] [83] [89] [91]
Business mileage Average daily round tri commuting mileage Fotal commuting mileage Gasoline Dil Repairs Maintenance Fires Car washes nsurance nterest Registration Licenses Property taxes (Plates, tag	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [34] + [40] + [42] + [44] + [44] + [45] + [48] ts, etc) [50]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [89] + [91] + [95]	Prior Year	Prior Y Inform	ation Vehicle 4 [10] [10] [10] [10] [11] [10] [11] [11	Prior Year Information [53] [55] [57] [59] [71] [73] [75] [77] [79] [81] [83] [83] [83] [89] [91]
Business mileage Average daily round tri commuting mileage Fotal commuting mileage Gasoline Oil Repairs Maintenance Fires Car washes Insurance Interest Registration Licenses Property taxes (Plates, tag Vehicle rentals	Vehicle 1 ear [20] p [26] ge [28] + [30] + [34] + [34] + [40] + [42] + [44] + [44] + [45] + [48] ts, etc) [50]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year	Prior Y Inform	ation Vehicle 4 [10] [10] [10] [10] [11] [10] [11] [11	Prior Year Information 533
Business mileage Average daily round tri commuting mileage Fotal commuting mileage Gasoline Oil Repairs Maintenance Fires Car washes Insurance Interest Registration Licenses Property taxes (Plates, tag Vehicle rentals Inclusion amt (Preparer o	Vehicle 1 ear [20] [24] p [26] ge [28] + [30] + [34] + [44] + [40] + [44] + [44] + [44] + [44] + [45] + [48] ge, etc) [50]	Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95] + [97]	Prior Year	Prior Y Inform	ation Vehicle 4 [14	Prior Year Information 533 555 571 579 771 779 881 883 885 877 991 991
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Form	ID:	Coverag	6

Health Care Coverage and Exemptions

67

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

						2016 Inf	ormation	Prior '	Year Infor	matio
as your entire family	covered for the f	ull year with mir	nimum e	ssential health	care covera	ge? (Y, N)	_ [1]			
family men Enter either	family was not obers who are co the Exemption (Year if the cover	vered, or are e Certificate Num	xempt fi iber issu	om the requi	rement to m rketplace, o	naintain mini r the Other E	mum essen	tial hea	alth cover u are claii	age. ming.
Social Security No.	First Na			ast Name		Exemption	Coverage/ Exemption	,	Start	End Mont
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A = Unaffordable		F = Incarcerate		kemption Typ	e Codes					
B = Short coverage C = Exempt nonce D = Health care s E = Indian tribe n	ge gap itizen haring ministry	G = Hardship H = Medicaid/ X = Insured w	(combin /TRICAR	ed coverage ι E/Fiscal year θ	employer pla	an			-	or 109!
				2016	6 Informatio	n	P	rior Ye	ear Inform	ation
				Taxpayer		Spouse	000000000			
f-employed health ir	nsurance premiur	ns: (Not entered else			[42]		[40]			
							[13]			
f-employed long-ter	m care premiums	: (Not entered elsew	here)		<u> </u>					
							[16]			
							[10] _			-
							[10]			

Control Totals+	Form ID: Coverage