# **General Information**

|   |  | Taxpayer  |       | Spo   | use       |                |           |
|---|--|---|-------|-------|-----------|----------------|-----------|
| First Name Middle Initial Last Name Suffix  |  |   |       |       |           |                |           |
| Social Security Nu<br>Date of Birth<br>Date of Death  |  |   |       |       |           |                |           |
| Home Phone Work Phone Cell Phone Fax Number   |  | Check ("X") which phone number to list on ret   | turn. |       |           |                |           |
| Legally Blind Totally Disabled . Claimed as a Depermental Election  | endent   |   |       |       |           |                |           |
| Occupation E-mail address .   |  |   |       |       |           |                |           |
| State of Residence<br>County of Residen<br>School District as a<br>Sales tax rate of lo<br>If Part Year, Period | nce as of 12/31 .<br>of 12/31<br>ocality in 2016 . | % to  |       |       |           | % to           |           |
| Filing Status   | ;  |   |       |       |           |                |           |
| Status on 2015 ret  | turn :   |   |       |       |           |                |           |
| Status as of 12/31.<br>Enter ("X") i  |  | 1 Single 2 Married filing joint 3 Married filing separately (Enter spouse's name and SSN above) |       |       |           |                |           |
|   |  | 4 Head of Household Non-depende Non-depende   |       |       |           |                |           |
|   |  | 5 Qualifying widow(er) with minor child   |       |       | Yea       | r spouse died  | l         |
| Taxpayer's A  | ddress   |   |       |       |           |                |           |
| Street  |  |   |       |       |           | A <sub>l</sub> | ot/Suite: |
| City  |  |   | Sta   | ate   |           | Zip Code       |           |
| If address is in a fo   | oreign country, ent                                | er that country   |       |       |           |                |           |
|   |  |   |       |       | Foreign p | ostal code     |           |
| If a bona fide resid  | lent of a U.S. territ                              | ory, enter territory  |       |       |           |                |           |
| Preparer's In   | formation  |   |       |       |           |                |           |
| Preparer's name   | Robert H Bowers                                    | s, E.A.   |       |       |           |                |           |
| Firm's name   | Bowers & Associ                                    | iates, Inc.   |       |       |           |                |           |
| Street  | 8616 La Tijera B                                   | lvd., Suite #504  |       |       |           |                |           |
| City  | Los Angeles  |   | Sta   | ate _ | CA        | Zip Code       | 90045     |

| Yes |                                  | Questions   |  |                              |  |  |
|-----|----------------------------------|---|--|------------------------------|--|--|
|     | No 1 2 3 4                       | Basic Information  Did your marital status change since last year?  Were you in a Registered Domestic Partnershi Are there any changes in your dependents from Did you have any children under 19 (or 24 if a   | p, civil union or same-sex marriage on last year?  | _                            |  |  |
|     | 5<br>6<br>7<br>8                 | Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?  Are all your dependents either US residents or citizens?  Did you provide over half of the support for someone you aren't claiming as a dependent?  Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?  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 |  |                              |  |  |
|     | 9<br>10<br>11<br>12<br>13        | in minimum essential coverage and shows the Did you have a Health Insurance Marketplace Were either you or your spouse in the military Did you purchase or sell your principal residen Have you been notified by the IRS of changes Were there any changes to a prior year's incor  | granted coverage exemption or are gor National Guard?<br>ce?<br>to a prior year's return, or received a<br>ne, deductions, or credits? |                              |  |  |
|     | 14<br>15<br>16<br>17<br>18<br>19 | Did you make gifts of more than \$14,000 to an Did you file Form 8839, Adoption Credit, in a p Did you claim a First-time Homebuyer Credit for Was there a disposition or change in use of yo Do you want to e-file your return?  If you are due a refund, how do you want to re  | revious year or incur adoption exper<br>or a home purchased in 2008?<br>ur main home for which you claimed                             |                              |  |  |
|     |                                  | Check sent to you in the mail  Apply to next year's estimates  Direct deposit (please provide voided Type of account: Checking If you owe taxes, how do you want to Paper check sent with my return  Direct debit from my bank account (please)   | Savings pay them? Credit card Installmen   | nt Agreement                 |  |  |
|     |                                  | Type of account: Checking   |  |                              |  |  |
|     | 20                               | Type of account: Checking  Do you want to allow your tax preparer to disculf no, enter another person (if desired) to be all Designee's   |  | IRS: Personal identification |  |  |
|     | 20                               | Do you want to allow your tax preparer to disci   | uss this year's return with the IRS? owed to discuss this return with the  |                              |  |  |

|     |    | 24   | Do you have any short sales, commodity sales, or straddles?   |
|-----|----|--|---|
|     |    | 25   | Did you receive Form 2439?  |
|     |    | 26   | Did you buy or sell any bonds?  |
|     |    | 27   | Did you receive stock from a stock bonus plan with your employer?   |
|     |    | 28   | Did you sell any other personal assets at a gain?   |
|     |    | 29   | Did you sell any real estate (other than your home) during the year?  |
|     |    | 30   | Did you sell any assets using the installment method?   |
|     |    | 31   | Did you receive payments from a prior year installment sale?  |
|     |    | 32   | Did you purchase a rental property?   |
|     |    | 33   | Did you exchange any property for other property?   |
|     |    | 34   | Did you receive any income not reported somewhere in this Organizer?  |
| Yes | No |  | Business and Rental Property Income   |
|     |    | 1  | If you own rental property, do you qualify as a Real Estate Professional?   |
|     |    | 2  | Did you start or acquire a new business?  |
|     |    | 3  | Did you sell any part of an existing business, or sell business assets?   |
|     |    | 4  | Did you cease operating any business or rental property?  |
|     |    | 5  | Did you remove any of your business assets for personal use?  |
| Yes | No |  | Business and Rental Property Deductions   |
|     |    | 1  | Did you use part of your home for business purposes?  |
|     |    | 2  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2016?   |
|     |    | 3  | Do you pay for any health or long term care insurance through your business?  |
|     |    |  |   |
|     |    | 4  | If you or your spouse are self-employed, are either of you covered under an employer's health plan?   |
|     |    | 4<br>5   | If you or your spouse are self-employed, are either of you covered under an employer's health plan? Did you purchase any furniture or equipment for your business?  |
| Yes | No |  | Did you purchase any furniture or equipment for your business?  |
| Yes | No |  | Did you purchase any furniture or equipment for your business?  Other Deductions  |
| Yes | No | 5  | Did you purchase any furniture or equipment for your business?  Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?   |
| Yes | No | 5  | Did you purchase any furniture or equipment for your business?  Other Deductions  |
| Yes | No | 5<br>1<br>2  | Did you purchase any furniture or equipment for your business?  Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  |
| Yes | No | 5<br>1<br>2<br>3   | Did you purchase any furniture or equipment for your business?  Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  |
| Yes | No | 5<br>1<br>2<br>3<br>4  | Did you purchase any furniture or equipment for your business?  Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  |
| Yes | No | 1<br>2<br>3<br>4<br>5  | Did you purchase any furniture or equipment for your business?  Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  |
| Yes | No | 1<br>2<br>3<br>4<br>5<br>6   | Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?   |
| Yes | No | 5<br>1<br>2<br>3<br>4<br>5<br>6<br>7                                   | Did you purchase any furniture or equipment for your business?  Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  |
| Yes | No | 5<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8                              | Did you purchase any furniture or equipment for your business?  Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did any security become worthless during 2016?  Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?   |
| Yes | No | 5<br>1 2 3 4 5 6 7 8 9 10 11   | Did you purchase any furniture or equipment for your business?  Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did any security become worthless during 2016?  Did any debts become uncollectible during 2016?   |
| Yes | No | 5<br>1 2 3 4 5 6 7 8 9 10 11 12  | Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did any security become worthless during 2016?  Did any debts become uncollectible during 2016?  Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?  Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?  Did you contribute less than an entire interest in any property to charity?   |
| Yes | No | 5<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13 | Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did any security become worthless during 2016?  Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?  Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?  Did you contribute less than an entire interest in any property to charity?  Did you refinance a mortgage or take out a home equity loan during 2016?   |
| Yes | No | 5<br>1 2 3 4 5 6 7 8 9 10 11 12  | Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did any security become worthless during 2016?  Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?  Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?  Did you refinance a mortgage or take out a home equity loan during 2016?  Did you incur moving expenses during the year due to a change of employment?  |
| Yes | No | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15                                    | Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did any security become worthless during 2016?  Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?  Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?  Did you contribute less than an entire interest in any property to charity?  Did you refinance a mortgage or take out a home equity loan during 2016?  Did you pay any educational tuition or fees for you or a dependent?  |
| Yes | No | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16                                 | Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did any security become worthless during 2016?  Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?  Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?  Did you contribute less than an entire interest in any property to charity?  Did you refinance a mortgage or take out a home equity loan during 2016?  Did you pay any educational tuition or fees for you or a dependent?  Did you pay any student loan interest?  |
| Yes | No | 5<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17                         | Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did any security become worthless during 2016?  Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?  Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?  Did you refinance a mortgage or take out a home equity loan during 2016?  Did you incur moving expenses during the year due to a change of employment?  Did you pay any educational tuition or fees for you or a dependent?  Did you make any federal or state estimated payments? |
| Yes | No | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16                                 | Other Deductions  Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?  Did you make any contributions to HSA (Health Savings Account) in 2016?  Did you use your car on the job (other than to and from work)?  Did you work out of town for part of the year?  Did you incur any travel and entertainment expenses for business purposes?  Did you pay expenses for the care of your child or other dependent so you could work?  Did you lose property or have damage to a property due to a casualty, theft, or condemnation?  Did any security become worthless during 2016?  Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?  Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?  Did you contribute less than an entire interest in any property to charity?  Did you refinance a mortgage or take out a home equity loan during 2016?  Did you pay any educational tuition or fees for you or a dependent?  Did you pay any student loan interest?  |

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| Federal, State and Local Estima   | ated Taxes F | Paid   |  |        |             |                                       |           |        |
|---|--------------|--------|--|--------|-------------|---------------------------------------|-----------|--------|
| Federal Estimates  Enter Payment Information  1 Overpayment from last year  |              |        | Filer and/or Joint Payments  Date Paid Amount  1 |        |             | Spouse Only Payments Date Paid Amount |           |        |
| 3 Second quarter payment  |              |        |  |        | 3 4 5 6 7 T |                                       |           |        |
| State Estimates   | 04-4-        |        | 04-4-  |        | 04-4-       |                                       | 04-4-     |        |
| Enter two-letter state abbreviation   | State _      |        | State  |        | _ State     |                                       | _ State   |        |
| Enter Payment Information  1 Overpayment from last year . 1  2 First quarter payment 2  3 Second quarter payment 3  4 Third quarter payment 4  5 Fourth quarter payment 5  6            |              | Amount | Date Paid  | Amount | Date Paid   | Amount                                | Date Paid | Amount |
| Local Estimates   |              |        |  |        |             |                                       |           |        |
| Enter locality name   | Locality _   |        | Locality   |        | Locality    |                                       | Locality  |        |
| Enter Payment Information  1 Overpayment from last year . 1  2 First quarter payment 2  3 Second quarter payment 3  4 Third quarter payment 4  5 Fourth quarter payment 5  6 6 6  7 8 8 |              | Amount | Date Paid  | Amount | Date Paid   | Amount                                | Date Paid | Amount |

Name \_

| Name | <br>SSN                               |  |
|------|---------------------------------------|--|
|      | · · · · · · · · · · · · · · · · · · · |  |

# **Dependent Information**

| Dependent  | illiorillation | No. of             |              |                  |          |                                |         | Enter "X" i | f applicable            | )                   |
|------------|----------------|--------------------|--------------|------------------|----------|--------------------------------|---------|-------------|-------------------------|---------------------|
|            |                | Months             |              |                  |          | Amount Paid                    | US      | Full- time  | Paid                    | Not a               |
| First Name | Last Name      | in Home<br>in 2016 | Relationship | Date of<br>Birth | SSN      | for Dependent<br>Care Expenses | Citizen | Student o   | r Education<br>Expenses | Dependent this Year |
| First Name | Last Name      | 111 20 16          | Relationship | DILILI           | 2211     | Care Expenses                  |         | Disabled    | Expenses                | This real           |
|            |                |                    |              |                  |          |                                |         |             |                         |                     |
|            |                |                    |              |                  |          |                                |         |             |                         |                     |
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# Wages

## W-2 Information

|                            | ſ             | Box 1                     | Box 2                          |   | Box 16         | Box 17                     |
|----------------------------|---------------|---------------------------|--------------------------------|---|----------------|----------------------------|
| X" if<br>pouse <b>Em</b> p | ployer's Name | Wages, Tips<br>Other Comp | Federal Income<br>Tax Withheld |   | State<br>Wages | State Incom<br>Tax Withhel |
| 1                          | noyer's Name  | Other Comp                | Tax Withheld                   |   | wages          | Tax Withher                |
| 2                          |               |                           |                                |   |                |                            |
| 3                          |               |                           |                                |   |                |                            |
| 4                          |               |                           |                                |   |                |                            |
| 5                          |               |                           |                                |   |                |                            |
| 6                          |               |                           |                                |   |                |                            |
| 7                          |               |                           |                                |   |                |                            |
| 8<br>9                     |               |                           |                                | - |                |                            |
| 10                         |               |                           |                                | - |                |                            |
| 11                         |               |                           |                                |   |                |                            |
| 12                         |               |                           |                                |   |                |                            |
| 13                         |               |                           |                                |   |                |                            |
| 14                         |               |                           |                                |   |                |                            |
| 15                         |               |                           |                                |   |                |                            |
| 16                         |               |                           |                                |   |                |                            |
| 17                         |               |                           |                                |   |                |                            |
| 18                         |               |                           |                                |   |                |                            |
| 19<br>20                   |               |                           |                                |   |                | <del> </del>               |
| 21                         |               |                           |                                |   |                |                            |
| 22                         |               |                           |                                |   |                |                            |
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| 24                         |               |                           |                                |   |                |                            |
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| 32<br>33                   |               |                           |                                | - |                |                            |
| 34                         |               |                           |                                |   |                |                            |
| 35                         |               |                           |                                |   |                |                            |
| 36                         |               | <del>-</del>              |                                |   |                |                            |
| 37                         |               |                           |                                |   |                |                            |
| 38                         |               |                           |                                |   |                |                            |
| 39                         |               |                           |                                |   |                |                            |
| 40                         |               |                           |                                |   |                |                            |
| 41                         |               |                           |                                |   |                |                            |
| 42                         |               |                           |                                |   |                |                            |
| 43                         |               |                           |                                |   |                |                            |
| 44<br>45                   |               |                           |                                |   |                | <del> </del>               |
| 45<br>46                   |               |                           |                                |   |                |                            |
| 47                         |               |                           |                                |   |                |                            |
| 48                         |               |                           |                                |   |                |                            |
| 49                         |               | <u> </u>                  |                                |   |                |                            |
| 50                         |               | 1                         |                                |   |                |                            |
| 51                         |               |                           |                                |   |                |                            |
| 52                         |               |                           |                                |   |                |                            |
| 53                         |               | ·                         |                                |   |                |                            |
| 54                         |               |                           |                                |   |                |                            |
| 55                         |               | - <del></del>             |                                |   |                |                            |

| Name | SSN  |  |
|------|------|--|
| Name | 0011 |  |

Box 4

Box 12

Box 14

Box 1

## **Retirement Income**

### 1099-R Information

| "X" if              | Gross        | Federal Income | State        | State Income |
|---------------------|--------------|----------------|--------------|--------------|
| spouse Payer's Name | Distribution | Tax Withheld   | Distribution | Tax Withheld |
| 1                   | Distribution | Tux Titimoru   | Distribution | Tax Withhola |
| 2                   |              |                |              |              |
| 3                   |              |                |              |              |
| 4                   |              |                |              |              |
| 5                   |              |                |              |              |
| 6                   |              |                |              |              |
| 7                   |              |                |              |              |
| 8                   |              |                |              |              |
| 9                   |              |                |              |              |
| 10                  |              |                |              |              |
| 11                  |              |                |              |              |
| 12                  |              |                |              |              |
| 13                  |              |                |              |              |
| 14                  |              |                |              |              |
| 15                  |              |                |              |              |
| 16                  |              |                |              |              |
| 17                  |              |                |              |              |
| 18                  |              |                |              |              |
| 19                  |              |                |              |              |
| 20                  |              |                |              |              |
| 21                  |              |                |              |              |
| 22                  |              |                |              |              |
| 23                  |              |                |              |              |
| 24                  |              |                |              |              |
| 25                  |              |                |              |              |
| 26                  |              |                |              |              |
| 27                  |              |                |              |              |
| 28                  |              |                |              |              |
| 29<br>30            |              |                |              |              |
| 30<br>31            |              |                |              |              |
| 32                  |              |                |              |              |
| 33                  |              |                |              |              |
| 34                  |              |                |              |              |
| 35                  |              |                |              |              |
| 36                  |              |                |              |              |
| 37                  |              |                |              |              |
| 38                  |              |                |              |              |
| 39                  |              |                |              |              |
| 40                  |              |                |              |              |
| 41                  |              |                |              |              |
| 42                  |              |                |              |              |
| 43                  |              |                |              |              |
| 44                  |              |                |              |              |
| 45                  |              |                |              |              |
| 46                  |              |                |              |              |
| 47                  |              |                |              |              |
| 48                  |              |                |              |              |
| 49                  |              |                |              |              |
| 50                  |              |                |              |              |
| 51                  |              |                |              |              |
| 52                  |              |                |              |              |
| 53                  |              |                |              |              |
| 54                  |              |                |              |              |
| 55                  |              |                |              |              |
|                     |              | <u> </u>       |              | <u> </u>     |

| Name | SSN |  |
|------|-----|--|
|      |     |  |

### **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. Taxable Interest Income. Tax Exempt Interest

| * F/S/J - enter ownership (F)iler, (S)pouse, | Taxable Inte | rest Income | Tax Exem            | pt Interest | Specified Private   | v Act Interest |
|--|--------------|-------------|---------------------|-------------|---------------------|----------------|
| or (J)oint.                                  | Current Year | Prior Year  | <b>Current Year</b> | Prior Year  | <b>Current Year</b> | Prior Year     |
| *F/S/J Payer                                 | Amount       | Amount      | Amount              | Amount      | Amount              | Amount         |
| 1  |              |             |                     |             |                     |                |
| 2  |              |             |                     |             |                     |                |
| 3  |              |             |                     |             |                     |                |
| 4  |              |             |                     |             |                     |                |
| 5  |              |             |                     |             |                     |                |
| 6  |              |             |                     |             |                     |                |
| 7  |              |             |                     |             |                     |                |
| 8  |              |             |                     |             |                     |                |
| 9  |              |             |                     |             |                     |                |
| 10   |              |             |                     |             |                     |                |
| 11   |              |             |                     |             |                     |                |
| 12   |              |             |                     |             |                     |                |
| 13   |              |             |                     |             |                     |                |
| 14   |              |             |                     |             |                     |                |
| 15   |              |             |                     |             |                     |                |
| 16   |              |             |                     |             |                     |                |
| 17   |              |             |                     |             |                     |                |
| 18   |              |             |                     |             |                     |                |
| 19   |              |             |                     |             |                     |                |
| 20   |              |             |                     |             |                     |                |
| 21   |              |             |                     |             |                     |                |
| 22   |              |             |                     |             |                     |                |
| 23   |              |             |                     |             |                     |                |
| 24   |              |             |                     |             |                     |                |
| 25   |              |             |                     |             |                     |                |
| 26   |              |             |                     |             |                     |                |

| Please provide copies of all Form 1099-<br>F/S/J - enter ownership (F)iler, (S)pouse, | Ordinary [          | Dividends  | Qualified           |            | Capital      | Gains     |
|---|---------------------|------------|---------------------|------------|--------------|-----------|
| or (J)oint.   | <b>Current Year</b> | Prior Year | <b>Current Year</b> | Prior Year | Current Year | Prior Yea |
| S/J Payer   | Amount              | Amount     | Amount              | Amount     | Amount       | Amount    |
| 1   |                     |            |                     |            |              |           |
| 2   |                     |            |                     |            |              |           |
| 3   |                     |            |                     |            |              |           |
| 4   |                     |            |                     |            |              |           |
| 5   |                     |            |                     |            |              |           |
| 6   |                     |            |                     |            |              |           |
| 7   |                     |            |                     |            |              |           |
| 8   |                     |            |                     |            |              |           |
| 9   |                     |            |                     |            |              |           |
| 10  |                     |            |                     |            |              |           |
| 11  |                     |            |                     |            |              |           |
| 12  |                     |            |                     |            |              |           |
| 13  |                     |            |                     |            |              |           |
| 14  |                     |            |                     |            |              |           |
| 15  |                     |            |                     |            |              |           |
| 16  |                     |            |                     |            |              |           |
| 17  |                     |            |                     |            |              |           |
| 18  |                     |            |                     |            |              |           |
| 19  |                     |            |                     |            |              |           |
| 20  |                     |            |                     |            |              |           |
| 21  |                     |            |                     |            |              |           |
| 22  |                     |            |                     |            |              |           |
| 23  |                     |            |                     |            |              |           |
| 24  |                     |            |                     |            |              |           |
| 25  |                     |            |                     |            |              |           |
| 26  |                     |            |                     |            |              |           |

| limon<br>F/S - 6 | y Received enter ownership (F)iler or (S)pouse. |   |                        |                      |
|------------------|---|---|------------------------|----------------------|
| F/S*             | Payer   |   | Current Year<br>Amount | Prior Year<br>Amount |
| 1                |   | 1 |                        |                      |
| 2                |   | 2 |                        |                      |
| 3                |   | 3 |                        |                      |
| 4                |   | 4 |                        |                      |
| 5                |   | 5 |                        |                      |
| 6                |   | 6 |                        |                      |
| 7                |   | 7 |                        |                      |
| -                |   | • |                        |                      |

Alimony Paid

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

| F/S* | • | Recipient's Name | Recipient's SSN | Current Year<br>Amount | Prior Year<br>Amount |
|------|---|------------------|-----------------|------------------------|----------------------|
|      | 1 |                  | 1               |                        |                      |
|      | 2 |                  | 2               |                        |                      |
|      | 3 |                  | 3               |                        |                      |
|      | 4 |                  | 4               |                        |                      |
|      | 5 |                  | 5               |                        |                      |
|      | 6 |                  | 6               |                        |                      |
|      | 7 |                  | 7               |                        |                      |
|      | 8 |                  | 8               |                        |                      |
|      | 9 |                  | 9               |                        |                      |

|          | Enter "X" in one box: Filer Spouse   |          |                   |           |
|----------|--|----------|-------------------|-----------|
| Ge       | Principal business or profession Business name   | ter Soci | al Security Numbe | er)       |
|          | Business address   | State    |                   | Zip       |
| _        | Foreign Province/State   | Postal   | Code              |           |
|          | eneral Check Boxes (Enter "X" where applicable)  |          |                   |           |
| 1        | Accounting Method Cash Accrual Other - (Specify  | ')       |                   |           |
| 2        | Did you "materially participate" in this business?                                     |          |                   |           |
| 3        | Check ('X') if you started or acquired this business in 2016.                          |          |                   |           |
| 4        | Did you make any payments in 2016 that would require you to file Form(s) 1099?         |          | Yes               | No        |
| Bı       | usiness Income   |          | Current Year      | Prior Yea |
|          | * Report statutory income as W-2 income.   |          | Amount            | Amount    |
| 5        |  | 5        |                   |           |
| 6        | Gross receipts or sales not reported on Form 1099 or Form W-2                          | 6        |                   |           |
| 7        |  | 7        |                   |           |
| 8        |  | 8        |                   |           |
| 9<br>10  |  | 9<br>10  |                   |           |
| 11       |  | 11       |                   |           |
| ln       | ventory (Enter "X" where applicable)   |          |                   |           |
| 12       | Method(s) used to value closing inventory Cost Lower of cost or i                      |          |                   |           |
| 13       | Any change in determining quantities, costs, or valuations between opening and closing | invento  |                   | Yes N     |
|          |  |          | Current Year      | Prior Yea |
| 14       | Inventory at the beginning of year   | 14       | Amount            | Amount    |
| 15       | Purchases less cost of items withdrawn for personal use                                | 15       |                   |           |
| 16<br>17 |  | 16       |                   |           |
| 17<br>18 |  | 17<br>18 |                   | 1         |
|          |  | 19       |                   |           |
|          |  |          |                   |           |
| As       | ssets Placed in Service This Year  |          | Date Placed       | Purchase  |
| Δ        | Description:   | _        | In Service        | Amount    |
| A<br>B   |  | A<br>B   |                   |           |
| С        |  | c _      |                   |           |
| D        |  | D _      |                   |           |
|          |  | _        |                   |           |
| E<br>F   |  | E  _     |                   |           |

|            | Name   | SS         | N                      |                      |
|------------|--|------------|------------------------|----------------------|
|            | Business   |            |                        |                      |
| Self       | -Employed Business Expenses Cont. (Schedule C)                 |            |                        |                      |
| Expe       |  |            | Current Year<br>Amount | Prior Year<br>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:  | ı          |                        |                      |
| 26         | Mortgage (paid to banks, etc.)                                 |            |                        |                      |
| 27         | Other  | 27         |                        |                      |
| 28         | Legal and professional services                                | 28         |                        |                      |
| 29         | Office expense   |            |                        |                      |
| 30         | Pension and profit-sharing plans                               | 30         |                        |                      |
|            | Rent or Lease:   |            |                        | -                    |
| 31         | Machinery rental or lease                                      | 31         |                        |                      |
| 32         | Equipment rental or lease                                      |            |                        |                      |
| 33         | Equipment rental of lease                                      | 33         |                        |                      |
| 34         |  | 34         |                        |                      |
| 35         |  | 35         |                        |                      |
|            | Other business property rental or lease                        |            |                        |                      |
| 36         |  | 36         |                        |                      |
| 37         |  | 37         |                        |                      |
| 38         |  | 38         |                        |                      |
| 39         | Denairs and maintenance  | 39         |                        |                      |
| 40         | Repairs and maintenance  | 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         |                        |                      |
| 47         |  | 47         |                        |                      |
| 48         |  | 48         |                        |                      |
| 49         |  | 49         |                        |                      |
| 50         |  | 50         |                        |                      |
| E4         | Utilities  | E4         |                        |                      |
| 51<br>52   | Wages  | 51<br>52   |                        |                      |
| 32         |  | 32         |                        |                      |
| <b>5</b> 0 | Other Expenses:  | <b>-</b> ^ |                        |                      |
| 53<br>54   |  | 53<br>54   |                        |                      |
| 54<br>55   |  | 54<br>55   |                        |                      |
| 56         |  | 56         |                        |                      |
| 57         |  | 57         |                        |                      |
| 58         |  | 58         |                        |                      |
| 59         |  | 59         |                        |                      |
| 60         |  | 60         |                        |                      |
| 61         |  | 61         |                        |                      |

| Name  |                           |                      | SSN                 |                      |
|---|---------------------------|----------------------|---------------------|----------------------|
| Business  |                           |                      |                     |                      |
| icle Information (Schedule C)   | Vehicle -                 |                      | Vehicle -           |                      |
|   | Current Year Amount       | Prior Year<br>Amount | Current Year Amount | Prior Year<br>Amount |
| Date vehicle was placed in service 1 Cost of vehicle  |                           |                      |                     |                      |
| Total miles driven for the year   |                           |                      |                     |                      |
| Business miles driven during the year   |                           |                      |                     |                      |
| Commuting miles included on line 3 5  |                           |                      |                     |                      |
| Parking fees and tolls 6  |                           |                      |                     |                      |
| Vehicle Interest  |                           |                      |                     |                      |
| Vehicle Personal Property tax 8   |                           |                      |                     |                      |
| ctual Expenses  |                           |                      |                     |                      |
| Gasoline, oil and repairs 9   |                           |                      |                     |                      |
| Vehicle Insurance   |                           |                      |                     |                      |
| Vehicle registration fees   |                           |                      |                     |                      |
|   |                           |                      |                     |                      |
|   |                           |                      |                     |                      |
| Vehicle lease or rental   |                           |                      |                     |                      |
| Vehicle lease or rental   | Vehicle -<br>Current Year | Prior Year           | Vehicle -           | Prior Year           |
| Vehicle lease or rental   |                           | Prior Year<br>Amount |                     | Prior Year<br>Amount |
| Vehicle lease or rental   | Current Year              |                      | Current Year        |                      |
| Vehicle lease or rental   | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service  | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service  | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service 1 Cost of vehicle 2 Total miles driven for the year 3 Business miles driven during the year 4 Commuting miles included on line 3 5 | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service . 1 Cost of vehicle  | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service . 1 Cost of vehicle  | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service 1 Cost of vehicle  | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service 1 Cost of vehicle  | Current Year              |                      | Current Year        |                      |
| Vehicle lease or rental   | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service 1 Cost of vehicle  | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service 1 Cost of vehicle  | Current Year              |                      | Current Year        |                      |
| Date vehicle was placed in service 1 Cost of vehicle  | Current Year              |                      | Current Year        |                      |

|   | Name   | S       | SSN _ |       |                     |                            |
|---|--|---------|-------|-------|---------------------|----------------------------|
|   | Home Office Number<br>Description of Home Office<br>Address<br>City  |         | S     | state | Zip                 |                            |
|   | Check ("X") box:   | Daycare |       |       |                     |                            |
| Hor   | ne Office Expenses   |         |       |       |                     |                            |
| Ai<br>1<br>2<br>Di<br>3<br>4                          | rea of Home  Area used regularly and exclusion of inventory or product sample Total area of home aycare only - Part of Home Use Multiply days used for daycar Enter total hours home was axpenses related to entire home Casualty losses |         | -     |       | ent Year<br>nount   | Prior Year<br>Amount       |
| В   | Pucinoce 2:  |         |       |       | ent Year<br>ation % | Prior Year<br>Allocation % |
| 12<br>13<br>14<br>15<br>16<br>17<br>18<br>a<br>b<br>c | Casualty losses  |         | 12    |       | ent Year<br>nount   | Prior Year<br>Amount       |
| е   |  |         | 106   |       |                     | l                          |

| Name | SSN |  |
|------|-----|--|

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets \* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. **Gross Sales** 

|          | Proprietion | Data Assessing t | Data Cala | Price (Less expenses of sale) | Cost or     |
|----------|-------------|------------------|-----------|-------------------------------|-------------|
| *F/S/J   | Description | Date Acquired    | Date Sold | expenses of sale)             | Other Basis |
| 1        |             | ļ                |           |                               |             |
| 2        |             |                  |           |                               |             |
| 3        |             |                  |           |                               |             |
| 4        |             |                  |           |                               |             |
| 5        |             |                  |           |                               |             |
| 6        |             |                  |           |                               |             |
| 7        |             |                  |           |                               |             |
| 8 9      |             |                  |           |                               |             |
|          |             |                  |           |                               |             |
| 10<br>11 |             |                  |           |                               |             |
| 11       |             |                  |           |                               |             |
| 13       |             |                  |           |                               |             |
| 14       |             | <b> </b>         |           |                               |             |
| 15       |             |                  |           |                               |             |
| 16       |             | <b> </b>         |           |                               |             |
| 17       |             |                  |           |                               |             |
| 18       |             | <b> </b>         |           |                               |             |
| 19       |             |                  |           |                               |             |
| 20       |             |                  |           |                               |             |
| 21       |             |                  |           |                               |             |
| 22       |             |                  |           |                               |             |
| 23       |             |                  |           |                               |             |
| 24       |             |                  |           |                               |             |
| 25       |             |                  |           |                               |             |
| 26       |             |                  |           |                               |             |
| 27       |             |                  |           |                               |             |
| 28       |             |                  |           |                               |             |
| 29       |             |                  |           |                               |             |
| 30       |             |                  |           |                               |             |
| 31       |             |                  |           |                               |             |
| 32       |             |                  |           |                               |             |
| 33       |             |                  |           |                               |             |
| 34       |             |                  |           |                               |             |
| 35       |             | i                |           |                               |             |
| 36       |             |                  |           |                               |             |
| 37       |             |                  |           |                               |             |
| 38       |             |                  |           |                               |             |
| 39       |             |                  |           |                               |             |
| 40       |             |                  |           |                               |             |
| 41       |             |                  |           |                               |             |
| 42       |             |                  |           |                               |             |
| 43       |             |                  |           |                               |             |
| 44       |             |                  |           |                               |             |
| 45       |             |                  |           |                               |             |
| ~~~~     | <u> </u>    |                  |           | <u> </u>                      | L           |

|                                     | Name  | SS   | SN                        |                       |
|-------------------------------------|---|--|---------------------------|-----------------------|
| Rea                                 | I Estate Rentals  | and Royalties  |                           |                       |
| Ad<br>Ci<br>Fd                      | operty Description<br>ddress<br>ty<br>preign Country<br>preign Province/State | StateZipPostal Code                                      |                           |                       |
|                                     |   |  | Current Year<br>Info      | Prior Year<br>Info    |
| 1a                                  | Owner of property (En   | er Filer, Spouse, or Joint)                              |                           |                       |
| 1b                                  | (1) Single-Family Resi  | mber (1 to 8)  |                           |                       |
| 2                                   | Enter "X" if property wa  | y participated?  |                           |                       |
|                                     |   | X"), enter the number of days of personal use?           |                           |                       |
| Inco                                | me  |  | Current Year              | Prior Year            |
| 4<br>5<br>6                         | Rent received a If rental rea b Rental use                                    | estate, enter the percent of ownership if less than 100% | Amounts                   | Amounts               |
| Prop                                | erty Expense  |  | Current Year<br>Amounts   | Prior Year<br>Amounts |
| 7<br>8<br>9<br>10<br>11<br>12<br>13 | Cleaning and maintene<br>Commissions  | 7 ance   | Amounts                   | Amounts               |
| 14<br>15<br>16<br>17                | Other interest  | terest paid to banks, etc                                |                           |                       |
| 15<br>16<br>17<br>18                | Other interest  | terest paid to banks, etc                                | Date Placed<br>In Service | Purchase<br>Amount    |

| Name                             |                            |
|----------------------------------|----------------------------|
| Property                         |                            |
| ther Expenses (Schedule E)       |                            |
| her Expenses:                    |                            |
| 9                                | Current Year Prior Year 19 |
| Λ                                | 20                         |
| 1                                | 21                         |
| ·                                | 22                         |
| 3                                | 23                         |
| 4                                | 24                         |
| 5                                | 25                         |
| 26                               | 26                         |
| avel Expenses:                   |                            |
| _                                | Current Year Prior Year    |
| 7                                |                            |
| 8                                | 28                         |
| 9                                | 29                         |
| 0<br>1                           | 30                         |
| 2                                | 32                         |
| •                                | 22                         |
| 3<br>4                           | 24                         |
| eals and Entertainment Expenses: | Current Year Prior Year    |
| 5                                | 35                         |
| 5<br>6                           | 36                         |
| 7                                | 37                         |
| 8                                | 38                         |
| 9                                | 39                         |
| 0                                | 40                         |
| 1                                | 41                         |
|                                  |                            |

| Name  |                           |                      | SSN                       |                      |
|---|---------------------------|----------------------|---------------------------|----------------------|
| Property  |                           |                      |                           |                      |
| icle Information (Schedule E)   | Vehicle -                 |                      | Vehicle -                 |                      |
|   | Current Year Amount       | Prior Year<br>Amount | Current Year Amount       | Prior Year<br>Amount |
| Date vehicle was placed in service 1 Cost of vehicle  |                           |                      |                           |                      |
| Total miles driven for the year   |                           |                      |                           |                      |
| Business miles driven during the year 4   |                           |                      |                           |                      |
| Commuting miles included on line 3 5  |                           |                      |                           |                      |
| Parking fees and tolls 6  |                           |                      |                           |                      |
| Vehicle Interest  |                           |                      |                           |                      |
| Vehicle Personal Property tax 8   |                           |                      |                           |                      |
| ctual Expenses  |                           |                      | ı                         |                      |
| Gasoline, oil and repairs 9   |                           |                      |                           |                      |
| Vehicle Insurance   |                           |                      |                           |                      |
| Vehicle registration fees   |                           |                      |                           |                      |
|   |                           |                      |                           |                      |
| Vehicle lease or rental 12  |                           |                      |                           |                      |
| Vehicle lease or rental   |                           |                      |                           |                      |
|   | Vehicle -<br>Current Year | Prior Year           | Vehicle -<br>Current Year | Prior Year           |
| 13  |                           | Prior Year<br>Amount |                           | Prior Year<br>Amount |
| Date vehicle was placed in service 1  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service 1 Cost of vehicle 2 Total miles driven for the year 3 Business miles driven during the year 4 Commuting miles included on line 3 5   | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service . 1 Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service . 1 Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service 1 Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service 1 Cost of vehicle 2 Total miles driven for the year 3 Business miles driven during the year 4 Commuting miles included on line 3 5 Parking fees and tolls 6 Vehicle Interest 7 Vehicle Personal Property tax 8 ctual Expenses Gasoline, oil and repairs 9 Vehicle Insurance 10 | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service 1 Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| Date vehicle was placed in service 1 Cost of vehicle 2 Total miles driven for the year 3 Business miles driven during the year 4 Commuting miles included on line 3 5 Parking fees and tolls 6 Vehicle Interest 7 Vehicle Personal Property tax 8 ctual Expenses Gasoline, oil and repairs 9 Vehicle Insurance 10 | Current Year              |                      | Current Year              |                      |

|       |   | Current Year | Prior Year |
|-------|---|--------------|------------|
| Filer |   | Amount       | Amount     |
| 1     | Enter the total amount from box 5 of all your Forms SSA-1099                    |              |            |
| 2     | Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2          |              |            |
| 3     | Enter the total amount from box 5 of all your Forms RRB-1099                    |              |            |
| 4     | Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4         |              |            |
| 5     | Enter the total amount of Medicare B Premiums withheld                          |              |            |
| 6     | Enter the total amount of Medicare D Premiums withheld                          |              |            |
| Spou  | ise _   |              |            |
| 7     | Enter the total amount from box 5 of all your Forms SSA-1099                    |              |            |
| 8     | Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8          |              |            |
| 9     | Enter the total amount from box 5 of all your Forms RRB-1099 9                  |              |            |
| 10    | Enter the total taxes withheld from box 10 of all your Forms RRB-1099 <b>10</b> |              |            |
| 11    | Enter the total amount of Medicare B Premiums withheld                          |              |            |
|       | Enter the total amount of Medicare D Premiums withheld                          |              |            |

Name \_\_\_\_\_

| Refund from state  |       | Name   |          | S          | SN                    |              | ,      |
|--|-------|--|----------|------------|-----------------------|--------------|--------|
| Refund from state  | Mis   | cellaneous Income  | File     | r          |                       | Spou         | ise    |
| 1 Refund from state.   |       |  |          | Prior Year |                       | Current Year |        |
| 2 Unemployment compensation   2 3   3   3   3   3   3   4   5   5   5   5   5   5   5   5   5  |       |  | Amount   | Amount     |                       | Amount       | Amount |
| 3 Prizes and awards   4 Scholarships and fellowships   4 Scholarships and fellowships   4 Scholarships and fellowships   5 Self-employed SEP, SIMPLE, or other qualified plans   5 Self-employed SEP   | 1     |  |          |            | · -                   |              |        |
| 4 Scholarships and fellowships   | 2     |  |          |            | _                     |              |        |
| 5 Bartering income     5 6   6   Fees received for jury duty     6 6   |       |  |          |            | · -                   |              |        |
| 6 Fees received for jury duty 7 Income from rental of personal property, if not in the business of renting such property 8 Precinct election board duty 9 Alaska Permanent Fund Dividends 9 10 Net operating loss carryover (negative no.) 11 Canceled debts 11 1  |       |  |          |            | - ⊢                   |              |        |
| 7   Income from rental of personal property, if not in the business of renting such property   | _     |  |          |            |                       |              |        |
| not in the business of renting such property   |       |  |          |            | Ĭ                     |              |        |
| 8 Precinct election board duty         8 A Alaska Permanent Fund Dividends         9           10 Net operating loss carryover (negative no.)         10           11 Canceled debts         11           12 12 12 12 12 12 12 12 13 13 14 14 14 15 Other income not provided for in this Organizer         113 14 14 14 14 14 14 14 14 15 Other income not provided for in this Organizer           Adjustments to Income           *F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.         Current Year Prior Year Amount Amount           *F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.         2           *E/S/J - enter ownership (F)iler, or other qualified plans         1           2 Suddent loan interest.         2           3 Health Savings account deduction         3           4 Moving expenses         4           5 Self-employed SEP, SIMPLE, or other qualified plans         5           6 Penalty on early withdrawal of savings         6           7 Tuition and fees         7           1 Performing-arts-related expenses         1           1 Performing-arts-related expenses         1           1 Performing-arts-related expenses         1           2 Foreign housing deduction         2           3 Jury duty pay given to your employer         3           4 Reforestation amortization         4   | -     |  |          |            | 7                     |              |        |
| 9 Alaska Permanent Fund Dividends  | 8     |  |          |            | 8                     |              |        |
| 11   12   13   13   14   15   15   15   15   15   15   15  | _     |  |          |            | 9                     |              |        |
| 11   12   13   13   14   15   15   15   15   15   15   15  | 10    | Net operating loss carryover (negative no.)  |          |            | 10                    |              |        |
| 13   |       |  |          |            | 11                    |              |        |
| 13   | 12    |  |          |            | 12                    |              |        |
| Adjustments to Income *F/SIJ - enter ownership (F)iler, (S)pouse, or (J)oint. *Amount Amount Amount  1   | 13    |  |          |            | 13                    |              |        |
| Adjustments to Income  *F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  *F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  *I Educator expenses.  2 Student loan interest.  2 Student loan interest.  3 Health Savings account deduction.  3 Health Savings account deduction.  4 Moving expenses.  4 S Self-employed SEP, SIMPLE, or other qualified plans.  5 Self-employed SEP, SIMPLE, or other qualified plans.  6 Penalty on early withdrawal of savings.  6 Penalty on early withdrawal of savings.  7 Tuition and fees.  **P/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  **F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  **I*F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  **Current Year Amount Amount  **Amount Amount  **Amount Amount  **Current Year Amount  **Amount Amount  **Amount Amount  **Current Year Amount  **Amount Amount  **Amount Amount  **Current Year Amount  **Amount Amount  **Current Year Amount  **Amount Amount  **Amount Amount  **Amount Amount  **Current Year Amount  **Amount Amount  **Amount Amount  **Current Year Amount  **Amount Amount  **Current Year Amount  **Amount Amount  **Amount Amount  **Current Year Amount  **Amount Amount  **Amount Amount  **Current Year Amount  **Current Year Amount  **Amount Amount  **Current Year Amount  **Curre |       |  |          |            |                       |              |        |
| *F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  1 Educator expenses . 1 2 Student loan interest . 2 3 Health Savings account deduction . 3 4 Moving expenses . 4 5 Self-employed SEP, SIMPLE, or other qualified plans . 5 6 Penalty on early withdrawal of savings . 6 7 Tuition and fees . 7   *F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  *F/S/J - enter ownership (F)iler, (S)p | 15    | Other income not provided for in this Organizer  |          |            | 15                    |              |        |
| *F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  *T/S/J - enter ownership (F) enter ownership (Amount Amount Am | *F/S/ | <ol> <li>Educator expenses</li> <li>Student loan interest</li> <li>Health Savings account deduction</li> <li>Moving expenses</li> <li>Self-employed SEP, SIMPLE, or other qualification</li> <li>Penalty on early withdrawal of savings</li> </ol> | ed plans |            | 2<br>3<br>4<br>5<br>6 | Amount       | Amount |
| 5 Repayment of sub-pay under the Trade Act of 1974   | * F/  | S/J - enter ownership (F)iler, (S)pouse, or (J)oint.  J Performing-arts-related expenses Foreign housing deduction   |          |            | 2 3                   |              |        |
| 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  |       | 5 Repayment of sub-pay under the Trade Act of  | f 1974   |            | 5                     |              |        |
| October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions  | -     |  |          |            | 6                     |              |        |
| to the extent of gross income from such actions  |       |  |          |            |                       |              |        |
| 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  9 Employee business expenses of fee-basis state or local government officials  10 Expenses from the rental of personal property but were not in the business of renting such property   |       | <u> </u>   |          | •          | 7                     |              |        |
| 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  9 Employee business expenses of fee-basis state or local government officials  10 Expenses from the rental of personal property but were not in the business of renting such property  11 Contributions by chaplains to section 403(b) plans  12 Archer MSA deduction  13 13  |       |  |          |            | ' ⊦                   |              |        |
| violations, up to the the amount of the award includible in your gross income  9   |       |  |          |            |                       |              |        |
| 9 Employee business expenses of fee-basis state or local government officials 10 Expenses from the rental of personal property but were not in the business of renting such property   |       |  |          |            | 8                     |              |        |
| 10 Expenses from the rental of personal property but were not in the business of renting such property   |       |  |          |            | _                     |              |        |
| business of renting such property         10           11 Contributions by chaplains to section 403(b) plans         11           12 Archer MSA deduction         12           13         13   |       |  |          |            | `                     |              |        |
| 11       Contributions by chaplains to section 403(b) plans  |       |  |          |            | 10                    |              |        |
| 12       Archer MSA deduction  |       |  |          |            |                       |              |        |
| 1313   |       |  |          |            | _                     |              |        |
| 14   |       |  |          |            | 13                    |              |        |
|  |       | 14   |          |            | 14                    |              |        |

| IRA and Other Contribution Information  |                  |                        |                      |
|---|------------------|------------------------|----------------------|
| Traditional IRA Contributions   | Γ                | Current Year           | Prior Year           |
| <ul> <li>Filer</li> <li>1 Enter total traditional IRA contributions made for 2016</li> <li>2 Enter contributions, on line 1, made after 12/31/2016 and before 04/15/2017</li> <li>3 Enter value of all traditional IRAs on 12/31/2016</li> <li>4 Enter amount of any outstanding traditional rollovers as of 1/1/2017</li> </ul>  | 1<br>2<br>3<br>4 | Amount                 | Amount               |
| <ul> <li>Spouse</li> <li>5 Enter total traditional IRA contributions made for 2016</li> <li>6 Enter contributions, on line 5, made after 12/31/2016 and before 04/15/2017</li> <li>7 Enter value of all traditional IRAs on 12/31/2016</li> <li>8 Enter amount of any outstanding traditional rollovers as of 1/1/2017</li> </ul> | 5<br>6<br>7<br>8 |                        |                      |
| Roth IRA Contributions  | Г                | Current Year           | Prior Year           |
| Filer       1       Enter 2016 Roth IRA contributions   | 1 2              | Amount                 | Amount               |
| Spouse 3 Enter 2016 Roth IRA contributions  | 3<br>4           |                        |                      |
| SIMPLE IRA  | Г                |                        | - · · · ·            |
| Filer  1 Enter value of all SIMPLE IRAs on 12/31/2016   | 1                | Current Year<br>Amount | Prior Year<br>Amount |
| Spouse 2 Enter value of all SIMPLE IRAs on 12/31/2016   | 2                |                        |                      |
| Education (Coverdell ESA)   | 1-               |                        |                      |
| Filer  1 Enter 2016 Coverdell ESA contributions 2 Enter value of the Coverdell ESA on 12/31/2016  | 1 2              | Current Year<br>Amount | Prior Year<br>Amount |
| Spouse 3 Enter 2016 Coverdell ESA contributions   | 3<br>4           |                        |                      |
| Other   |                  |                        |                      |
| Filer  1 Repayment of qualified reservist distributions   | 1                | Current Year<br>Amount | Prior Year<br>Amount |
| Spouse 2 Repayment of qualified reservist distributions   | 2                |                        |                      |

Name \_\_\_\_

| Name | SSN |
|------|-----|

# **Medical and Dental - Itemized Deductions**

|    |  |    | Current Year | Prior Year |
|----|--|----|--------------|------------|
|    |  |    | Amount       | Amount     |
| 1  | Prescription medications   | 1  |              |            |
| 2  |  | 2  |              |            |
| 3  | Fees for hospitals, clinics, etc   | 3  |              |            |
| 4  | Lab and X-ray fees   | 4  |              |            |
| 5  | Medical aids such as glasses, contacts, hearing aids, wheelchair, etc  | 5  |              |            |
| 6  | Medical equipment and supplies   | 6  |              |            |
| 7  | Medical mileage (number of miles driven)   | 7  |              |            |
| 8  | Medical parking, tolls and local transportation  | 8  |              |            |
| 9  | Lodging for medical purposes (up to \$50 per night per person)   | 9  |              |            |
| 10 | and the second of the second o | 10 |              |            |
| 11 | Long Term Care insurance premiums (taxpayer)   | 11 |              |            |
| 12 | Long Term Care insurance premiums (spouse)   | 12 |              |            |
| 13 | Expenses to stop smoking   | 13 |              |            |
| 14 | Health insurance premiums - coverage established under your business (1) 1   | 14 |              |            |
| 15 | Health insurance premiums - coverage established under your business (2) 1   | 15 |              |            |
| 16 | Long Term Care insurance premiums - coverage est. under your business (1) . 1  | 16 |              |            |
| 17 | Long Term Care insurance premiums - coverage est. under your business (2) . 1  | 17 |              |            |
| 18 |  | 18 |              |            |
| 19 |  | 19 |              |            |
| 20 |  | 20 |              |            |
| 21 |  | 21 |              |            |
| 22 | Insurance reimbursement for any medical and dental expense listed above  | 22 |              |            |

# **Taxes - Itemized Deductions**

|    |   |    | Current Year | Prior Year |
|----|---|----|--------------|------------|
|    | Real Estate Taxes                                       |    | Amount       | Amount     |
| 23 | Principal residence                                     | 23 |              |            |
| 24 | Real estate taxes from Schedule E properties            | 24 |              |            |
|    | Real Estate Not Held For Investment                     | _  |              | <u>.</u>   |
| 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 DMV Fees/Auto Registration      | _  |              | <u>.</u>   |
| 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  |    | SSN          |            |
|------|---|----|--------------|------------|
| Inte | rest - Itemized Deductions  |    | Current Year | Prior Year |
|      | Home Mortgage Interest and Points Reported on Form 1098               |    | Amount       | Amount     |
| 47   | Lender  | 47 | 7 1110 4110  | 7 unount   |
| 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  |    |              | <u> </u>   |
| 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                               |    |              |            |
| E E  | Number of payments made in 2016                                       | EE |              |            |
| 55   | Description   | 55 |              |            |
|      | Date of loan  | •  |              |            |
|      | Total number of scheduled loan payments                               | •  |              |            |
|      | Number of payments made in 2016                                       |    |              |            |
| 56   |   | 56 |              |            |
|      | Points paid   |    |              |            |
|      | Date of loan  |    |              |            |
|      | Total number of scheduled loan payments                               |    |              |            |
|      | Number of payments made in 2016                                       |    |              |            |
| 57   | Investment interest neid  | 57 |              |            |
| 5/   | Investment interest paid  | 57 |              |            |

| Jnr         | eimbursed Employee Expenses  | - Itemized Ded | uctions       |             |               |            |  |
|-------------|--|----------------|---------------|-------------|---------------|------------|--|
|             | List car, truck, transportation, meals and enter                                     |                |               | enses ta    | tab<br>Spouse |            |  |
|             |  | Current Year   | Prior Year    |             | Current Year  | Prior Year |  |
| 58          | Union and professional dues 58   | Amount         | Amount        |             | Amount        | Amount     |  |
| 59          | Professional subscriptions 59  |                |               |             |               |            |  |
| 60          | Uniform and protective clothing 60   |                |               |             |               |            |  |
| 61          | Job search costs 61  |                |               |             |               |            |  |
| 62<br>63    | 62   63  |                |               |             |               |            |  |
| 64          | 64   |                |               |             |               |            |  |
| 65          | 65   |                |               |             |               |            |  |
| 66          | 66   |                |               |             |               |            |  |
| 67          | 67   |                |               |             |               |            |  |
| :er         | tain Miscellaneous Deductions -  | Itemized Dedu  | ictions       |             |               |            |  |
|             | tani miooonanoodo Boadonono  |                | If investme   | nt [        | Current Year  | Prior Year |  |
|             |  |                | related enter | "X"         | Amount        | Amount     |  |
| 68          | Tax preparation fees   |                |               | 68          |               |            |  |
| 69          | Certain attorney and accounting fees   |                |               | 69          |               |            |  |
| 70          | Safe deposit box rental  |                |               | 70          |               |            |  |
| 71          | IRA Custodial fees   |                |               | 71<br>72    |               |            |  |
| 72<br>73    | Investment counsel and advisory fees Losses on deposits in insolvent or bankrupt fir |                |               | 73          |               |            |  |
| 74          | Convenience fees paid with credit or debit car                                       |                |               | 74          |               |            |  |
| 75          | F  |                |               | 75          |               |            |  |
| 76          |  |                |               | 76          |               |            |  |
| 77          |  |                |               | 77          |               |            |  |
| 78          |  |                |               | 78          |               |            |  |
| 79<br>80    |  |                |               | 79<br>80    |               |            |  |
| 81          |  |                |               | 81          |               |            |  |
| 82          |  |                |               | 82          |               |            |  |
| 83          |  |                |               | 83          |               |            |  |
| 84          |  |                |               | 84          |               |            |  |
| \4 h        | er Miscellaneous Deductions  |                |               |             |               |            |  |
| ノい<br>85    | Federal estate tax on income in respect of a d                                       | laaadant       |               | oe [        | 1             |            |  |
| 86          | Amortizable bond premiums on bonds acquire   |                |               | 85 <u> </u> |               |            |  |
| 87          | Gambling losses (if gambling income)   |                |               | 87          |               |            |  |
| 88          | Repayment of income  |                |               | 88          |               |            |  |
| 89          | From K1 Input Worksheet (1065 & 1120S) - P   |                |               | 89          |               |            |  |
| 90          | Certain unrecovered investment in a pension  |                |               | 90          |               |            |  |
| 91          |  |                |               | 91          |               |            |  |
| 92          |  |                |               | 92          |               |            |  |
| 93<br>aa    |  |                |               | 93          |               |            |  |
| 94<br>95    |  |                |               | 94<br>95    |               |            |  |
| 96          |  |                |               | 96          |               |            |  |
| <del></del> |  |                |               | . 00 L      |               |            |  |

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| ity - Itemized Deductions  | Γ        | Current Year | Prior Year |
|--|----------|--------------|------------|
| Total contributions \$500 or less. See Non-Cash Charity if over \$500. |          | Amount       | Amount     |
| Gifts To Charity Other Than By Cash or Check*                          | . 1      |              |            |
| Total Miles driven for charitable activities                           | 2        |              |            |
| Parking fees, tolls and local transportation for charitable activities |          |              |            |
| Gifts To Charity By Cash or Check                                      | 1        |              |            |
|  | 1        |              |            |
|  | 2        |              |            |
|  | 3        |              |            |
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|  | 42<br>43 |              |            |
|  | 4.5      |              |            |
|  |          |              |            |
|  | 44       |              |            |
|  |          |              |            |

|       | Name                    |  |                       |                                  | SSN                     |                       |
|-------|-------------------------|--|-----------------------|----------------------------------|-------------------------|-----------------------|
| Nor   | ncash Charitab          | le Contributions (T                        | otal of Contrib       | outions more tha                 | an \$500)               |                       |
| Infor | mation on Donated       | Property                                   |                       |                                  |                         |                       |
|       |                         | (a) Name and Address<br>Donee Organization |                       | (1                               | b) Description of Donat | ted Property          |
| 1     | Name<br>Address         |  |                       |                                  |                         |                       |
| 2     | City Name Address       | State                                      | Zip Code              |                                  |                         |                       |
| 3     | City<br>Name            | State                                      | Zip Code              |                                  |                         |                       |
|       | Address<br>City         | State                                      | Zip Code              |                                  |                         |                       |
| 4     | Name<br>Address<br>City | State                                      | Zip Code              |                                  |                         |                       |
| 5     | Name<br>Address         | State                                      | Zip Code              |                                  |                         |                       |
|       | City                    | State                                      | Zip Code              |                                  |                         |                       |
| Note: | (c) Date of the         | ue for an item is \$500 or les             | s, you do not have to | complete columns (d) (f) Cost or | (g) Fair Market Value   | (h) Method Used to    |
| 1     | Contribution            | mm/dd/yyyy                                 | Acquired              | Adjusted Basis                   | F. M. V.                | Determine the F. M. V |
| 3     |                         |  |                       |                                  |                         |                       |
| 4     |                         |  |                       |                                  |                         |                       |

| Emp                                      | loyee Business Expenses  |                                   |                        |                      |
|--|--|-----------------------------------|------------------------|----------------------|
| Ent                                      | er "X" in one box:  Occupation in which you incurred the expenses  I Secure  |                                   |                        |                      |
| Mea                                      | Spouse  als and Entertainment  Meals and entertainment expenses  | 1                                 | Current Year<br>Amount | Prior Year<br>Amount |
| 2  | Enter "X" in the box if subject to DOT hours of service limits   | 2                                 |                        |                      |
| Tra<br>3                                 | vel Expenses Parking fees, tolls, and transportation, including train, bus, etc., that   |                                   |                        | 1                    |
| 4  | DID NOT involve overnight travel or commuting to and from work   | 3<br>4                            |                        |                      |
| Oth<br>5<br>6<br>7<br>8<br>9<br>10<br>11 | Business gifts   | 5<br>6<br>7<br>8<br>9<br>10<br>11 |                        |                      |
| Em<br>13<br>14<br>15                     | ployer Reimbursements  Enter employer reimbursements reported under code "L" in box 12 of Form W-2  Enter other employer reimbursements not reported to you in box 1 of Form W-2  Enter the total expense for meals and entertainment for the period covered by the reimbursements | 13<br>14<br>15                    |                        |                      |

|   | Occ  | cupation in which you     | incurred these expen | ses                       |                      |
|---|--|---------------------------|----------------------|---------------------------|----------------------|
| Veh   | nicle Information - Unreimbursed   | Employee Bus<br>Vehicle - | iness Expense        | S<br>Vehicle -            |                      |
|   | Γ  | Current Year              | Prior Year           | Current Year              | Prior Year           |
|   |  | Amount                    | Amount               | Amount                    | Amount               |
| 1   | Date vehicle was placed in service 1   |                           |                      |                           |                      |
| 2   | Cost of vehicle  |                           |                      |                           |                      |
| 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   | Average daily roundtrip commuting  |                           |                      |                           |                      |
|   | miles  |                           |                      |                           |                      |
| 7   | Parking fees and tolls   |                           |                      |                           |                      |
| 8   | Vehicle Interest   |                           |                      |                           |                      |
| 9   | Vehicle Personal Property tax 9  |                           |                      |                           |                      |
| Α   | ctual Expenses   | *                         |                      | •                         |                      |
| 10  | Gasoline, oil and repairs 10   |                           |                      |                           |                      |
| 11  | Vehicle Insurance  |                           |                      |                           |                      |
| 12  | Vehicle registration fees 12   |                           |                      |                           |                      |
| 13  | Vehicle lease or rental  |                           |                      |                           |                      |
| 14  | 14   |                           |                      |                           |                      |
| 15  | Value of employer-provided vehicle   |                           |                      |                           |                      |
|   | (if 100% is included in W-2) 15  |                           |                      |                           |                      |
|   | _  |                           |                      | •                         |                      |
|   |  |                           |                      |                           |                      |
|   |  |                           |                      |                           |                      |
|   |  | Vehicle -                 |                      | Vehicle -                 |                      |
|   | Г  | Vehicle -<br>Current Year | Prior Year           | Vehicle -<br>Current Year | Prior Year           |
|   |  |                           | Prior Year<br>Amount |                           | Prior Year<br>Amount |
| 1   | Date vehicle was placed in service 1   | Current Year              |                      | Current Year              |                      |
| 1<br>2  | Date vehicle was placed in service 1 Cost of vehicle   | Current Year              |                      | Current Year              |                      |
|   |  | Current Year              |                      | Current Year              |                      |
| 2   | Cost of vehicle 2  | Current Year              |                      | Current Year              |                      |
| 2<br>3  | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4   | Cost of vehicle 2  Total miles driven for the year 3  Business miles driven during the year 4  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5  | Cost of vehicle 2  Total miles driven for the year 3  Business miles driven during the year 4  Commuting miles included on line 3 5  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5  | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6   | Cost of vehicle 2  Total miles driven for the year 3  Business miles driven during the year 4  Commuting miles included on line 3  Average daily roundtrip commuting miles 6   | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6   | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9                                    | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9                                    | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9                                    | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>A                               | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>A<br>10                         | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>A<br>10<br>11<br>12             | Cost of vehicle         2           Total miles driven for the year         3           Business miles driven during the year         4           Commuting miles included on line 3         5           Average daily roundtrip commuting miles         6           Parking fees and tolls         7           Vehicle Interest         8           Vehicle Personal Property tax         9           ctual Expenses         6           Gasoline, oil and repairs         10           Vehicle Insurance         11           Vehicle registration fees         12           Vehicle lease or rental         13           14                                 | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>A<br>10<br>11<br>12<br>13       | Cost of vehicle  | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>A<br>10<br>11<br>12<br>13<br>14 | Cost of vehicle         2           Total miles driven for the year         3           Business miles driven during the year         4           Commuting miles included on line 3         5           Average daily roundtrip commuting miles         6           Parking fees and tolls         7           Vehicle Interest         8           Vehicle Personal Property tax         9           ctual Expenses         6           Gasoline, oil and repairs         10           Vehicle Insurance         11           Vehicle registration fees         12           Vehicle lease or rental         13           14                                 | Current Year              |                      | Current Year              |                      |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>A<br>10<br>11<br>12<br>13<br>14 | Cost of vehicle         2           Total miles driven for the year         3           Business miles driven during the year         4           Commuting miles included on line 3         5           Average daily roundtrip commuting miles         6           Parking fees and tolls         7           Vehicle Interest         8           Vehicle Personal Property tax         9           ctual Expenses         6           Gasoline, oil and repairs         10           Vehicle Insurance         11           Vehicle registration fees         12           Vehicle lease or rental         13           Value of employer-provided vehicle | Current Year              |                      | Current Year              |                      |

|              | Name  |  |                                      | SSN                                   |                                  |
|--------------|---|--|--------------------------------------|---------------------------------------|----------------------------------|
| CI           | hild and Dependent  | Care Expenses                                    |                                      |                                       |                                  |
| 1            |   | e benefits forfeited e expenses incurred in 2015 |                                      |                                       |                                  |
|              | Note: Enter qualified expens  | es for dependents on the Org                     | ganizer dependent sheet              |                                       |                                  |
| Fil          | er and/or Spouse Who Is a S   | 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 |                                  |
| No           | February March . April . May . June . July . August . Septemb   | er   | Filer                                | Spouse                                |                                  |
| 1 2          | First Name  | Last Name  | Birthdate                            | SSN                                   | Amount incurred and paid in 2016 |
| 3<br>4<br>Pe | ersons or Organizations Who   | Provided the Care                                |                                      |                                       | Amount incurred                  |
|              | Name<br>First:  |  | Address                              | SSN/EIN                               | and paid in 2016                 |
| 1            | Last: Business: First:  | City:State:                                      | Zip:                                 | SSN:<br>EIN:                          |                                  |
| 2            | Last: Business: First:  | City:State:                                      | Zip:                                 | SSN:<br>EIN:                          |                                  |
| 3            | Last: Business: First:  | City:State:                                      | Zip:                                 | SSN:<br>EIN:                          |                                  |
| 4            | Last: Business: First:  | City:State:                                      | Zip:                                 | SSN:<br>EIN:                          |                                  |
| 5            | Last: Business:   | City:<br>State:                                  | Zip:                                 | SSN:<br>EIN:                          |                                  |