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## **2016 TAX ORGANIZER**

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

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

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

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

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

**PLEASE PROVIDE EMAIL ADDRESS**

For convenience, please provide your email address on the tax organizer, this will allow communication between both parties anytime of the day. In accordance with our privacy policy, your personal email address will not be shared outside the firm.

***\*\*\*Reminder\*\*\****

Due to the Affordable Care Act it is in your best interest to have our firm prepare your dependents tax return along with yours to eliminate potential healthcare penalties and/or credits.

Please visit **[www.fernandescharest.com](http://www.fernandescharest.com)** to learn how you can protect yourself against tax identity theft and other important information, etc.

**COMMONLY OVERLOOKED ITEMS THAT ARE OFTEN OMITTED WHEN WE RECEIVE TAX INFORMATION:**

***Personal information*** - please review personal information for taxpayer, spouse and any dependents and make any corrections necessary.

***Excise taxes*** paid on vehicles.

***Closing statements*** on any real estate purchases, sales or refinancing that occurred during the year.

***Day care expenses*** - Amount paid, paid to whom, and the ID# of the Day Care Provider.

***College tuition*** - Amount paid for tuition and fees (no room and board), year of schooling.

***Sales tax paid on large purchases*** - cars, RV's, boats, etc.

***Charitable donations*** - Amount donated with receipt backup.

***Automobile expenses and business mileage*** - All expenses need to be substantiated with mileage logs and trip sheets for each trip.

***Any rent paid in Massachusetts?***

***Health insurance*** - please provide us with your 1099-HC, 1095-A and/or 1095-B form that you receive from your health insurance company. If you do not receive one, please provide us with a copy of your health insurance card.

***Estimated tax payments*** - please identify each estimate paid, to whom it was paid (federal or state), list amounts paid and when the estimate was paid.

**Fernandes & Charest, P.C.**  
**1140 State Road, P.O. Box 1523**  
**Westport, MA 02790**

January 1, 2017

RE: 2016 Individual Tax Return Preparation Engagement Letter & Client Organizer Attachment

We are pleased to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide regarding the preparation of your income tax return(s).

We will prepare your 2016 joint (or individual, if applicable) federal income tax return, and income tax returns for the state and local taxing authorities in which you deemed yourself a resident and have notified us of taxable activity in 2016 (collectively, the “returns”). This engagement pertains only to the 2016 tax year, and our responsibilities do not include preparation of any other tax return years that may be due to any taxing authority. We are responsible for preparing only the returns referenced above. If you have taxable activity in a state or local municipality other than that referenced, you are responsible for providing our firm with all the information necessary to prepare any additional applicable state and local income tax returns, as well as informing us of the applicable states and local municipalities. If you have income tax filing requirements in a given state or local municipality but do not file that return, there could be possible adverse ramifications, such as an unlimited statute of limitations, penalties, etc.

As a reminder, there are two taxes in 2016 that are independent of the income tax but are reported on the income tax return. The first, on earned income in excess of certain amounts, is an additional .9 percent tax. The second, on unearned income or net investment income is a 3.8 percent tax. The applicability and calculation of these taxes, if any, is included in the preparation of the federal income tax return.

Preparation of your income tax return this year involves a number of compliance complications related to the individual mandate to have qualified health care insurance coverage (for you and your household members) absent an exemption. Depending on your circumstances, you may be entitled to a tax credit, required to pay a penalty tax (shared responsibility payment), or not be affected at all, but the key is proper reporting consistent with reporting by other agencies. You are entitled to a credit if you purchased coverage in the Marketplace (or Exchange) and your household income did not exceed certain levels dependent on number of applicable family members and the household income. However, this credit could have been obtained in part by the Exchange through a reduction in monthly premium payments for the coverage. If you did not receive a credit through the Exchange, we will calculate the credit and claim it on your return. If you received a credit by the Exchange, we must reconcile the amount you have already received with the amount to which you were actually entitled based on your actual household income; to the extent the entitled credit exceeds the credit you received from the Exchange it will increase your income tax refund or reduce your income tax liability; to the extent the credit received exceeds the entitled credit, it increases your income tax liability or decreases your income tax refund. You will receive, or should receive, Form 1095-A from the Marketplace that reports information necessary to this reconciliation. You are not eligible for a credit to the extent the coverage was provided by your employer.

If you had qualified health care coverage for all 12 months of the year, there is no tax penalty. If you had no qualified health coverage with minimum essential benefits for any month during 2016, you are subject to a shared responsibility payment unless you qualify for an exemption. Generally, an exemption applies when you had no affordable coverage available because the annual premiums exceeded eight point one three percent of household income or your gap in coverage is less than three consecutive months. Other exemptions apply for hardship and being a member of a specified group (such as for religious objection).

The Internal Revenue Code requires taxpayers to report any interest in specified foreign financial assets if the aggregate of such assets exceeds a threshold level and file this report with the federal income tax return. Accordingly, we shall also prepare Form 8938 if you are required to report these assets.

Our engagement includes our e-filing of your returns. We provide you with a copy of your return for your review together with Form 8879, which you must complete, sign, and return to us. We will not e-file until we have received this Form. In the event that you have an amount due, we will send with the returns a voucher for the amount due. We will neither file any vouchers nor enroll you in an automatic withdrawal program for electronic payment. Therefore, you will be solely responsible to file the voucher with payment due with the appropriate taxing authorities.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. You acknowledge that any such understated tax, and any imposed interest and penalty thereon, are your responsibility, and that we have no responsibility in that regard. If you would like information on the amount or the circumstances of these interest and penalties, please contact us. Your returns may be selected for review by the taxing authorities or you may receive a notice requesting a response to certain issues on your tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination or inquiry, we will be available upon request to represent you or respond to such inquiry. At that time, we will provide you a subsequent engagement letter to clarify the nature and extent of services we will provide regarding the tax examination or inquiry response and will render additional invoices for these services and any expenses incurred.

We will prepare the returns from information that you will furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. The attached client organizer will help to guide you in gathering the necessary information and your use of such forms will assist us keeping your fee to a minimum. To the extent we render any services, it will be limited to those tasks we deem necessary for the preparation of the returns only. Any accounting and/or bookkeeping services will be considered "out of scope" of this engagement letter. Prior to the commencement of "out of scope" services, we will discuss with you the nature and extent of the work and provide you with a subsequent engagement letter that clarifies these services.

If a payment is due, it is to be paid no later than the due date for income taxes and is remitted with the return (or offset any income tax refund, or both).

The timeliness of your cooperation is essential to our ability to complete this engagement. Specifically, we must receive sufficient information from which to prepare your returns within a reasonable period of time prior to the applicable filing deadline. Accordingly, if we do not receive this information from you, as noted above, by **March 13, 2017**, it may be necessary to pursue extensions of the due date of your returns, and we reserve the right to suspend our services or withdraw from this engagement. Various penalties and interest are imposed when taxpayers fail to pay the full amount of taxes owed by the filing due date. Furthermore, additional penalties and interest are imposed when taxpayers fail to remit the proper amount of subsequent year tax estimates. Based on information you have provided to us, we can assist you in determining the correct amount of taxes owed for the current year and subsequent year tax estimates. You acknowledge that any such penalties and interest that arise due to the underestimation of current year taxes owed or subsequent year tax estimates remitted are your responsibility, and that we have no responsibility in that regard. If you would like information on the amounts or the circumstances of these penalties and interest, please contact us.

We will not audit or otherwise verify the data you submit. Accordingly, our engagement cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. However, it may be necessary to ask you for clarification of some of the information you provide, and we will inform you of any material errors, fraud, or other illegal acts that come to our attention.

You are responsible for maintaining an adequate and efficient accounting system, for safeguarding assets, for authorizing transactions, and for retaining supporting documentation for those transactions, all of which will, among other things, help assure the preparation of proper returns. Furthermore, you are responsible to review all of the information presented on your tax return for correctness.

**AS AN ATTACHMENT TO THIS ENGAGEMENT LETTER, YOU WILL FIND A CLIENT ORGANIZER. THIS TOOL IS USED TO PROCESS THE PREPARATION OF YOUR RETURN. PLEASE ANSWER ALL QUESTIONS. FAILURE TO ANSWER WILL BE TREATED AS A "NO" RESPONSE AND BLANK AMOUNTS WILL BE TREATED AS ZERO AMOUNTS.**

If you have a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having a value exceeding \$10,000 in a foreign country, you are required to report such a relationship. Such filing requirements apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporations and by the individual corporate officers with signature authority. If you fail to disclose the required information to the U.S. Department of the Treasury, the failure to disclose may result in substantial civil and/or criminal penalties. This filing is due April 15, 2017, in the event your tax return is extended, this FinCEN Report 114 will be due by October 15, 2017.

If you and/or your entity have a financial interest in any foreign accounts, you are required to file the FinCEN Report 114 that is required by the U.S. Department of the Treasury. You are responsible for providing our firm with all the information necessary to prepare FinCEN Report 114 required by the U.S. Department of the Treasury. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required disclosure statements.

We may encounter instances where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In those instances, we will outline in a written communication each of the reasonable alternative courses of action, including the risks and consequences of each such alternative. In the end, we will adopt, on your behalf, the alternative that you select after having considered the information provided by us.

Pursuant to standards prescribed in IRS Circular 230 and IRC §6694, we are forbidden from signing a tax return unless we have a reasonable belief that there is substantial authority for a tax position taken on the return, or unless we have a reasonable belief that there is a reasonable basis for the tax position taken on the return and we disclose this tax position on a separate attachment to the tax return. Substantial authority is generally viewed by tax professionals as requiring at least a 40% probability that the tax position taken will be sustained on its merits. However, under no circumstances may we sign a tax return with a tax position that has no reasonable basis.

Our fees for this engagement are not contingent on the results of our service. Rather, our fees for this engagement will be based upon the amount of time required at standard billing rates. However, they might also include other factors deemed relevant, including the difficulty of the questions and the skill required to perform the tax service properly; time limitations imposed either by you or the circumstances; the nature and length of the professional relationship between us; and the experience, reputation and ability of the individual or individuals assigned to the engagement. We will bill you on that basis, and all invoices will be due and payable when you receive your return.

We reserve the right to suspend our services or withdraw from this engagement. If we elect to terminate our services, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed your return. You will be obligated, through the date of termination, to compensate us for all outstanding invoices as well as our final invoice, and to reimburse us for all of our out-of-pocket costs. For these purposes, any nonpayment, inability to sign the tax return, or non-response by you of information requested (among other things) will constitute a basis for our election to terminate our services.

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

It is our policy to retain engagement documentation for a period of seven years (five years for former clients), after which time we will commence the process of destroying the contents of our engagement files. To the extent we accumulate any of your original records during the engagement, those documents will be returned to you promptly upon completion of the engagement.

If the income tax returns we are to prepare in connection with this engagement are joint returns, and because you will each sign those returns, then each of you is our client. You each acknowledge that there is no expectation of privacy from the other concerning our services in connection with this engagement, and we are at liberty to share with either of you, without the prior consent of the other, any and all documents and other information concerning preparation of your returns.

In the event we are required to respond to a subpoena, court order or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this engagement, you agree to compensate us, as set forth above, for the time we expend in connection with such response, and to reimburse us for all of our out-of-pocket costs incurred in that regard.

In the event that we become obligated to pay any judgment under a court proceeding, an award under any mediation proceeding, or penalty assessed by any taxing authority in our capacity as a tax preparer, you agree to pay any amount in settlement, and any costs incurred as a result of any inaccurate or incomplete information that you provided to us during the course of this engagement. You agree to indemnify us, defend us, and hold us harmless against such obligations, agreements, and/or costs.

This engagement letter is contractual in nature, and includes all of the relevant terms and conditions that will govern the engagement for which it has been prepared. The terms and conditions of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties. If any provision of the letter and/or the **additional terms, conditions, and representations** attached hereto is declared invalid or unenforceable, the remaining provisions shall remain in effect.

If, after full consideration and consultation with counsel, if so desired, you agree to authorize us to prepare your personal income tax returns pursuant to the terms set forth above, please execute this letter on the line(s) below designated for your signature(s), and return the executed letter to this office. You should keep a copy of this fully executed letter for your records. If this firm does not receive from you this letter, in fully executed form, but receives from you a completed copy of the client organizer and/or supporting documentation, then such receipt by this office shall be deemed to evidence your acceptance of all of the terms set forth above and we will commence with the tax return preparation process. **HOWEVER, UNDER NO CIRCUMSTANCES SHALL WE SIGN A COMPLETED TAX RETURN OR PREPARE AN EXTENSION UNTIL WE RECEIVE FROM YOU THIS SIGNED ENGAGEMENT LETTER.** If this office receives from you no response to this letter, then this office will not proceed to provide you with any professional services, and will not prepare your income tax returns.

We look forward to providing our services to you in accordance with the terms of the engagement as outlined in this letter. If you agree with the terms of our engagement, please sign below and return it to us. These engagement terms will apply until either you or we cancel them.

Once again, we would like to express our appreciation for this opportunity to work with you, and we trust this will be the continuation of a long and mutually beneficial association.

Very truly yours,  
Fernandes & Charest, P.C.

**ACCEPTED AND AGREED:**

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse (if applicable)

\_\_\_\_\_  
Date



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

Personal Information:

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

Dependents:

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

Healthcare:

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



Healthcare (continued):

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

Education:

- Did you or your spouse pay any student loan interest?  Yes  No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?  Yes  No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?  Yes  No  
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?  Yes  No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  Yes  No  
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?  Yes  No
- Did you or your spouse make any large purchases, such as motor vehicles and boats?  Yes  No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?  Yes  No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?  Yes  No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?  Yes  No  
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?  Yes  No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?  Yes  No



Investments:

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

Retirement or Severance:

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

Personal Residence:

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



**Sale of Your Home:**

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

**Gifts:**

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

**Foreign Matters:**

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



**Miscellaneous:**

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a party to split-dollar life insurance policy? .....	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors or trustees die or move? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse entered into any tax shelter(s) such as a reportable transaction(s) or IRS Listed Transaction(s) that would require reporting/disclosing on your tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>

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



2016

# Personal Information

**Taxpayer:** \_\_\_\_\_  
 First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

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

Driver's License  State-Issued ID  No Identification

**Spouse:** \_\_\_\_\_  
 First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

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

Driver's License  State-Issued ID  No Identification

**Contact Information:** \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

May the IRS or other taxing authority discuss the return with the preparer? .....  
 Is the taxpayer claimed as a dependent on someone else's tax return? .....

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

Are you considered legally blind per IRS regulations? .....  
 Do you want to contribute to the Presidential Election Campaign Fund? .....  
 Are you a U.S. citizen or Green Card holder? .....

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

**Personal Identification Numbers:**

TS	State	City	Code	PIN

## Tax Organizer Legend:

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



**Dependent Information:**

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

Did dependent have income over \$4,050?



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

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

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

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

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

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

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



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

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

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

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

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

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

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

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

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

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

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

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





2016

# Dividend Income

5B

## Dividend Information:

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

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

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

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

## Enter Any Additional Information:


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



2016

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

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

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

Did you have any of the following during the year?

- Mutual fund transactions .....
- Exchange of any securities or investments for something other than cash .....
- Sales of inherited property .....
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....
- Commodity sales, short sales or straddles .....
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....
- Debts that became uncollectible .....
- Securities that became worthless .....
- Sale of any property where you will receive payments in future years .....

Yes	No

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

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

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

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



**Sale or Exchange of Your Home:**

**Include the closing statements from the purchase and sale of your former and new homes**

**Former Home Information:**

TSJ .....

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

**Original Cost and Cost of Improvements:**

Description	Amount

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

**Moving Expenses:**

TSJ .....

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

**Mileage:**

	Miles
Number of miles from old home to new workplace .....	<input type="text"/>
Number of miles from old home to old workplace .....	<input type="text"/>
Number of automobile miles in move .....	<input type="text"/>

**Transportation Expenses:**

	Amount
Costs of transportation of household goods and personal effects .....	<input type="text"/>
Costs of travel and lodging (do not include meals or automobile expenses) .....	<input type="text"/>
Automobile expenses (gasoline, oil, etc.) .....	<input type="text"/>
Meals (Pennsylvania only) .....	<input type="text"/>





2016

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2016 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2015 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

**Taxpayer**

Yes	No

**Spouse**

Yes	No

**Contributions to:**

Simplified employee pension .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

**2016 Amount**


**2016 Amount**




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

Miscellaneous Income and Adjustments:

Table with columns for TSJ (2016 Amount, 2015 Amount) and rows for Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2016 Amount, and 2015 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2016 Amount, and 2015 Amount.



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

TS	2016 Amount	2015 Amount

Health Savings Accounts (HSAs)

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

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

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

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

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

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

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

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

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

TSJ	Nature and Source	2016 Amount	2015 Amount



# Itemized Deductions - Medical and Taxes

2016

### Medical and Dental Expenses:

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

TSJ	2016 Amount	2015 Amount

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

2016 Amount	2015 Amount

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

### Other Medical Expenses:

TSJ	Description	2016 Amount	2015 Amount

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

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

TSJ	2016 Amount	2015 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2016 Amount	2015 Amount

### Other Taxes Paid:

TSJ	Description	2016 Amount	2015 Amount

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



2016

Mortgage Questions for 2016:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2016 Amount	2015 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount	2015 Amount

Investment Interest Expense:

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

TSJ	Paid To	2016 Amount	2015 Amount



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

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

Table with 4 columns: TSJ, Organization or Description of Contribution, 2016 Amount, 2015 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2016 Amount, 2015 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2016 Miles, 2015 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

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

Table with 4 columns: TSJ, Description of Donated Property, 2016 Amount, 2015 Amount

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

TSJ Description of the donated property

Donee organization name

Donee organization address

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

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

Cost or basis of the donated property

Fair market value of the donated property

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

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

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

- Purchase Gift Inheritance Exchange



**Miscellaneous Itemized Deductions:**

Union and professional dues .....

Tax preparation fee .....

Professional subscriptions .....

Hobby expense (To extent of income) .....

Safe deposit box .....

Uniforms and protective clothing .....

Work tools .....

Gambling losses .....

Estate taxes .....

TSJ	2016 Amount	2015 Amount

**Other Itemized Deductions:**

**Examples:**

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2016 Amount	2015 Amount

**Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use  
  Business use  
  Income producing  
  Employee Use  
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



2016

# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent Include all documentation

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2016 Amount	2015 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2016 Amount	2015 Amount

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

	2016 Amount	2015 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:** Include all documentation

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2016	2015
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2016 Amount	2015 Amount



2016

# Employee Business Expenses- Business Use of Home

17A

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2016	2015

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
 Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2015 but paid in 2016 .....  
 Employer-provided dependent care benefits that were forfeited in 2016 .....  
 2015 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2016 Amount	2015 Amount
Expenses incurred and paid in 2016 .....		
Expenses incurred and not paid in 2016 .....		

**Provider 2:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2016 Amount	2015 Amount
Expenses incurred and paid in 2016 .....		
Expenses incurred and not paid in 2016 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2016 Expenses Incurred	2015 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2016 Qualified Expenses





2016

# Federal, State, and City Tax Payments

## Refund Application:

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

Refunded  Yes  No  
 Applied to next year's estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

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

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

## State and City Estimated Tax Payments:

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

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

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

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

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

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

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

TSJ \_\_\_\_\_  
 State/City Name \_\_\_\_\_

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid



2016

General Information:

	<b>Yes</b>	<b>No</b>
Has your address changed from 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify for the blind exemption?		
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you a noncustodial parent? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle?		
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to choose the optional 5.85% tax rate? .....	<input type="checkbox"/>	<input type="checkbox"/>
Total purchases in 2016 subject to Massachusetts use tax .....	<input type="text"/>	
Sales/use tax paid to other state or jurisdiction .....	<input type="text"/>	

Residency Information:

	<b>From</b>	<b>To</b>
	<b>(Mo/Da/Yr)</b>	<b>(Mo/Da/Yr)</b>
If you did not live in Massachusetts for all of 2016, enter the dates you did live in Massachusetts .....	_____	
Enter the state names other than Massachusetts where you had income .....	_____	

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?		
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount you wish to contribute on your 2016 tax return to:		
Organ Transplant Fund .....	<input type="text"/>	
Endangered Wildlife Conservation .....	<input type="text"/>	
Massachusetts AIDS Fund .....	<input type="text"/>	
Massachusetts United States Olympic Fund .....	<input type="text"/>	
Massachusetts Military Family Relief Fund .....	<input type="text"/>	
Homeless Animal Prevention and Care .....	<input type="text"/>	

Rental Deduction Information:

Name of landlord .....

---

Rent paid .....



2016

Schedule HC Health Insurance Provider Information

Private or Other Government Provider

Taxpayer

Spouse

Name of Insurance Company or Administrator or Other Provider

Federal Identification Number of Insurance Company

Subscriber Number

Schedule HC Government - Subsidized Health Insurance

Taxpayer

Spouse

Commonwealth Care

ConnectorCare

MassHealth

Medicare

Veterans Administration Program Enrollment

Tri-Care

Other (see instructions). Enter only name(s) of provider(s) above

Applied for MassHealth or Commonwealth Care in 2016 and denied

Months Covered by Health Insurance (if not all of 2016)

Table with 12 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse)

Other Information

Taxpayer

Spouse

Form MA 1099-HC not received

Are you claiming an exemption from the requirement to purchase health insurance based on sincerely held religious beliefs?

Did you claim a religious exemption and receive medical health care during the taxable year?

Certificate number if you obtained a Certificate of Exemption issued by the Health Insurance Connector

Monthly premium amount offered through employer's health insurance plan

Did your employer offer free health insurance?

Did your employer offer a qualifying plan that cost less than 9.56% of household income?

Are you a U.S. citizen or legal permanent resident alien?

Do you authorize the DOR to share your Schedule HC with the Commonwealth Health Insurance Connector Authority?

Enter Any Additional Massachusetts Information:

Four empty lines for additional information