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**Joseph, Williams, Lane & Assoc LLC
811 First Avenue Suite 456
Seattle, WA 98104**

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.

206-682-3177

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2016 TAX ORGANIZER

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O**

**Joseph, Williams, Lane & Assoc LLC
811 First Avenue Suite 456
Seattle, WA 98104**

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

Taxpayer Signature	Date
Spouse Signature	Date

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

Personal Information:

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

Dependents:

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

Healthcare:

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

Healthcare (continued):

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

Education:

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

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, provide the appraisal of property contributed.						
An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.						
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?	<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes	<table border="1" style="width: 100px; height: 20px;"> <tr> <th style="text-align: center;">Gallons</th> </tr> <tr> <td style="text-align: center;"> </td> </tr> </table>	Gallons		<table border="1" style="width: 100px; height: 20px;"> <tr> <th style="text-align: center;">Fuel Type</th> </tr> <tr> <td style="text-align: center;"> </td> </tr> </table>	Fuel Type	
Gallons						
Fuel Type						
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>				

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).		
	Date	

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:

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

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

Personal Information

Taxpayer:

First Name	Middle Init	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
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	

Spouse:

First Name	Middle Init	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
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	

Contact Information:

Street Address	Apartment Number	
City	State	
Foreign Province or County	ZIP Code	
Foreign Country	Foreign Postal Code	
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

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

Yes	No

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

Yes	No

Are you considered legally blind per IRS regulations?

Yes	No

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

Yes	No

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

Yes	No

Personal identification Numbers:

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

TS	State	City	Code	PIN

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/TIER1	Medicare	State	Local

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.

Form section 1: Includes questions about federal and state return payments, bank information (name, RTN, account number), account type (Checking, Archer MSA, Traditional Savings, Coverdell Ed. Savings, IRA, HSA, myRA), business status, and account ownership. Includes a confirmation statement at the bottom.

Form section 2: Identical to section 1, containing the same questions and fields for account information and confirmation.

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						
		Total				

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			
			Total

Enter Any Additional Information:

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

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

Passport

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

 Foreign TIN _____
 If not passport or TIN, enter description _____
 Number _____
 Country of issue _____

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country
A		
B		

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or TIN C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							

Name of Business:

Principal Business or Profession:

TSJ
Employer ID number
Street address
City, state, ZIP or postal code and country
Method of inventory
Method of accounting

Business Questions for 2016:

Did you dispose of this business? Yes No
If Yes, what was the disposition date? (Mo/Da/Yr)
Was there a change in determining quantities, costs or valuations between opening and closing inventory?
Were you involved in the operations of this business on a regular, continuous and substantial basis?
Have you prepared or will you prepare all required Forms 1099?

Table with 2 columns: 2016 Amount, 2015 Amount. Row: Health insurance premiums paid for yourself and your dependents

Income:

Payment card and third party transactions: Include all Forms 1099-K

Table with 3 columns: Description, 2016 Amount, 2015 Amount. Row: Payment card and third party transactions

Miscellaneous Income: Include all Forms 1099-MISC

Table with 3 columns: Description, 2016 Amount, 2015 Amount. Row: Miscellaneous Income

Other Income:

Table with 3 columns: Description, 2016 Amount, 2015 Amount. Rows: Other gross receipts or sales, Less returns and allowances

Cost of Goods Sold:

Table with 3 columns: Description, 2016 Amount, 2015 Amount. Rows: Beginning inventory, Purchases less cost of items withdrawn for personal use, Cost of labor, Materials and supplies

Other Costs of Cost of Goods Sold:

Table with 3 columns: Description, 2016 Amount, 2015 Amount. Row: Ending inventory

Name of Business:

Principal Business or Profession:

Expenses:

	2016 Amount	2015 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2016 Amount	2015 Amount

Property and Equipment:

Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

	2016	2015
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

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

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?

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	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

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

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

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
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		

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:

Number of miles from old home to new workplace	Miles
Number of miles from old home to old workplace	
Number of automobile miles in move	

Transportation Expenses:

Transportation Expenses:	Amount
Costs of transportation of household goods and personal effects	
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	

Individual Retirement Account (IRA):

TS

IRA Questions for 2016:

Are you covered by an employer's retirement plan?
 If no, is your spouse covered by an employer's retirement plan?
 Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
 If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
 Did you use your IRA as security for a loan this year?
 Did you have any transactions with your IRA during the year?
 If Yes, please explain. _____

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"/>

IRA Values, Rollovers, and Distributions:

Include copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2016	<input type="text"/>
Outstanding rollovers on December 31, 2016	<input type="text"/>
Total distributions converted to Roth IRAs	<input type="text"/>
Total retirement plans converted to Roth IRAs	<input type="text"/>

Contributions:

Include copies of all Forms 5498

IRA:

Contributions in 2016 for the 2016 tax return	<input type="text"/>
Contributions in 2017 for the 2016 tax return	<input type="text"/>
Amount for 2016 you choose to be treated as nondeductible	<input type="text"/>

Roth IRA:

Contributions made for the 2016 tax year	<input type="text"/>
--	----------------------

Distributions:

Include all Forms 1099-R and any nontaxable distribution details

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

Pension 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 wish to contribute the maximum amount allowed?

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"/>

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2016 Amount	2016 Amount

Location of Property: _____

TSJ _____

Type of property _____

Have you prepared or will you prepare all required Forms 1099?

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

Ownership percentage if not 100%

2016	2015
%	

Income:

Rental received

2016 Amount	2015 Amount

Royalty received

2016 Amount	2015 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2016 Amount	2015 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2016 Amount	2015 Amount

Other income:

Description	2016 Amount	2015 Amount

Location of Property: _____

Expenses:

	2016 Amount	2015 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		
Other Expenses:		

Description	2016 Amount	2015 Amount

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number

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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2016 Amount	2015 Amount

Alimony Paid or Received:

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

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

Yes	No

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?

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

TSJ	Nature and Source	2016 Amount	2015 Amount

Medical and Dental Expenses:

	TSJ	2016 Amount	2015 Amount
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			

	2016 Amount	2015 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

* 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

	TSJ	2016 Amount	2015 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

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

Mortgage Questions for 2016:

	Yes	No
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.

TSJ	Organization or Description of Contribution	2016 Amount	2015 Amount

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

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

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

TSJ	Description of Donated Property	2016 Amount	2015 Amount

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

TSJ _____

Description of the donated property _____

Donee organization name _____

Donee organization address _____

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

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

Cost or basis of the donated property

Fair market value of the donated property

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

Appraisal
 Thrift shop value
 Catalog
 Comparable sale

Other - please explain _____

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

Purchase
 Gift
 Inheritance
 Exchange

Miscellaneous Itemized Deductions:

	TSJ	2016 Amount	2015 Amount
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			

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

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

Last 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	<input type="text"/>	<input type="text"/>
Expenses incurred and not paid in 2016	<input type="text"/>	<input type="text"/>

Provider 2:

Name

Last 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	<input type="text"/>	<input type="text"/>
Expenses incurred and not paid in 2016	<input type="text"/>	<input type="text"/>

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2016 Expenses Incurred	2015 Expenses Incurred
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Information:

TSJ

Employer identification number

	Yes	No
Did you pay any one household employee cash wages of \$2,000 or more in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withhold any federal income tax from wages paid to any household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016?	<input type="checkbox"/>	<input type="checkbox"/>

Social Security, Medicare and Income Taxes:

	2016 Amount	2015 Amount
Cash wages subject to social security taxes		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Cash wages subject to additional Medicare tax withholding		
Federal income tax withheld		
State disability plan payments subject to social security taxes		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)		

Federal Unemployment (FUTA) Tax:

	Yes	No
Did you pay unemployment contributions to more than one state?	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the wages subject to FUTA tax subject to the state's unemployment tax?	<input type="checkbox"/>	<input type="checkbox"/>

State	Total Cash Wages Subject to FUTA

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2017

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2015 Amount

Refund Application:

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

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

Federal Estimated Tax Payments:

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

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

2015 overpayment applied to 2016 estimate

Tax Planning Information for Tax Year 2017:

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

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

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

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate		
2016 2nd Quarter Estimate		
2016 3rd Quarter Estimate		
2016 4th Quarter Estimate		

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

2015 overpayment applied to 2016 estimate

Balance of prior year(s)' tax paid in 2016 plus
 amount paid with 2015 extensions

Estimated tax payments for 2015 paid in 2016

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate		
2016 2nd Quarter Estimate		
2016 3rd Quarter Estimate		
2016 4th Quarter Estimate		

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

2015 overpayment applied to 2016 estimate

Balance of prior year(s)' tax paid in 2016 plus
 amount paid with 2015 extensions

Estimated tax payments for 2015 paid in 2016

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2016 1st Quarter Estimate		
2016 2nd Quarter Estimate		
2016 3rd Quarter Estimate		
2016 4th Quarter Estimate		

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

2015 overpayment applied to 2016 estimate

Balance of prior year(s)' tax paid in 2016 plus
 amount paid with 2015 extensions

Estimated tax payments for 2015 paid in 2016

NOTE: Only complete Forms 34 and/or 35 if in 2016:

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift			
Address of person			
Your relationship to the person (e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s) (Mo/Da/Yr)			
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash		<input style="width: 100%;" type="text"/>	
Value of assets gifted if other than cash		<input style="width: 100%;" type="text"/>	

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift			
Address of person			
Your relationship to the person (e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s) (Mo/Da/Yr)			
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash		<input style="width: 100%;" type="text"/>	
Value of assets gifted if other than cash		<input style="width: 100%;" type="text"/>	