# 2016 Tax Organizer



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2016 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2016 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2015 information is included for your reference. You do not need to make any 2015 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2015 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

# Topic Index

# General Questions

## PERSONAL INFORMATION

| | | Yes | No |
|---|---|---|---|
| 1 | Did your marital status change during 2016? | ☐ | ☐ |
| | If **yes,** explain ........ | | |
| 2 | Do you want to allow your tax preparer to discuss this year's return with the IRS? | ☐ | ☐ |
| | If **no,** enter another person (if desired) to be allowed to discuss this return with the IRS. **Caution:** Review any transferred information for accuracy. | | |
| | Designee's Name ...... ► | | |
| | Phone Number ......... ► Personal Identification Number (5 digit PIN) ..... ► | | |
| 3 | Do you or your spouse plan to retire in 2017? | ☐ | ☐ |
| 4 | Were you or your spouse permanently and totally disabled in 2016? | ☐ | ☐ |
| 5 | Enter date of death for taxpayer or spouse (if during 2016 or 2017): Taxpayer: Spouse: | | |
| 6 | Were you or your spouse a member of the U.S. Armed Forces during 2016? | ☐ | ☐ |

## DEPENDENT INFORMATION

| | | Yes | No |
|---|---|---|---|
| 7 a | Do you have dependents who must file? | ☐ | ☐ |
| b | If **yes,** do you want us to prepare the return(s)? | ☐ | ☐ |
| 8 a | Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2,100? | ☐ | ☐ |
| b | If **yes,** do you want to include your child's income on your return? | ☐ | ☐ |
| 9 | Are any of your dependents **not** U.S. citizens or residents? | ☐ | ☐ |
| 10 | Did you provide over half the support for any other person during 2016? | ☐ | ☐ |
| 11 | Did you incur adoption expenses during 2016? | ☐ | ☐ |

## IRA, PENSION AND EDUCATION SAVINGS PLANS

| | | Yes | No |
|---|---|---|---|
| 12 | Did you receive payments from a pension or profit-sharing plan? | ☐ | ☐ |
| 13 | Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | ☐ | ☐ |
| 14 a | Did you convert all or part of a regular IRA into a Roth IRA? | ☐ | ☐ |
| b | Did you roll over all or part of a qualified plan into a Roth IRA? | ☐ | ☐ |
| 15 | Did you contribute to a Coverdell Education Savings Account? | ☐ | ☐ |

## ITEMS RELATED TO INCOME/LOSSES

| | | Yes | No |
|---|---|---|---|
| 16 | Did you receive any disability payments in 2016? | ☐ | ☐ |
| 17 | Did you receive tip income **not** reported to your employer? | ☐ | ☐ |
| 18 a | Did you buy, sell, refinance, or abandon a principal residence or other real property in 2016? (Attach copies of any escrow statements or Forms 1099.) | ☐ | ☐ |
| b | If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | ☐ | ☐ |
| c | Are you planning to purchase a home soon? | ☐ | ☐ |
| 19 | Did you incur any casualty or theft losses during 2016? | ☐ | ☐ |
| 20 | Did you incur any non-business bad debts? | ☐ | ☐ |

## PRIOR YEAR TAX RETURNS

| | | Yes | No |
|---|---|---|---|
| 21 | Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? | ☐ | ☐ |
| | If **yes,** enclose agent's report or notice of change. | | |
| 22 | Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | ☐ | ☐ |

# General Questions (continued)



## FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

| | | Yes | No |
|---|---|---|---|
| 23 | Did you have foreign income or pay any foreign taxes in 2016 ? | ☐ | ☐ |
| 24 a | At any time during 2016 , did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | ☐ | ☐ |
| b | Did the aggregate value of all your foreign accounts exceed $10,000 at any time during 2016 ? Report all interest income on Org 11 | ☐ | ☐ |
| 25 | Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | ☐ | ☐ |
| 26 | Did you at any time during 2016 , have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded $50,000 in value at any time during the year? | ☐ | ☐ |

## HEALTH AND LIFE INSURANCE

| | | Yes | No |
|---|---|---|---|
| 27 a | Did you and your dependents have health care coverage for the full year? | ☐ | ☐ |
| b | Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach | ☐ | ☐ |
| c | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach | ☐ | ☐ |
| 28 a | Did you or your spouse have self-employed health insurance? | ☐ | ☐ |
| b | If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | ☐ | ☐ |
| 29 | Did your employer pay premiums on life insurance in excess of $50,000 where the proceeds are payable to beneficiaries named by you? | ☐ | ☐ |
| 30 | Did you contribute to or receive distributions from a Health Savings Account (HSA)? | ☐ | ☐ |

## MISCELLANEOUS

| | | Yes | No |
|---|---|---|---|
| 31 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016 ? If **yes,** please attach details | ☐ | ☐ |
| 32 | Did you start paying mortgage insurance premiums in 2016 ? If **yes,** please attach details | ☐ | ☐ |
| 33 | Did you purchase a motor vehicle or boat during 2016 ? If **yes,** attach documentation showing sales tax paid. | ☐ | ☐ |
| 34 | Did you purchase an energy efficient vehicle in 2016 ? If **yes,** enter year, make, model, and date purchased: ______ | ☐ | ☐ |
| 35 | Did you donate a vehicle in 2016 ? If yes, attach Form 1098C | ☐ | ☐ |
| 36 | What was the sales tax rate in your locality in 2016 ? ______ % State ID ______ | | |
| 37 | Did you or your spouse make gifts of over $14,000 to an individual or contribute to a prepaid tuition plan? | ☐ | ☐ |
| 38 | Did you make gifts to a trust? | ☐ | ☐ |
| 39 | If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If **yes,** please attach details. | ☐ | ☐ |
| 40 | Did you or your spouse participate in a medical savings account in 2016 ? If **yes,** please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | ☐ | ☐ |
| 41 | Did you make a loan at an interest rate below market rate? | ☐ | ☐ |
| 42 | Did you pay any individual for domestic services in 2016 ? | ☐ | ☐ |
| 43 | Did you pay interest on a student loan for yourself, your spouse, or your dependents? | ☐ | ☐ |
| 44 | Did you, your spouse, or your dependents attend post-secondary school in 2016 ? | ☐ | ☐ |
| 45 | Did a lender cancel any of your debt in 2016 ? (Attach any Forms 1099-A or 1099-C) | ☐ | ☐ |
| 46 | Did you receive any income not included in this Tax Organizer? If **yes,** please attach information. | ☐ | ☐ |

## ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

| | | Yes | No |
|---|---|---|---|
| 47 | If your tax return is eligible for Electronic Filing, would you like to file electronically? | ☐ | ☐ |
| 48 | The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | ☐ | ☐ |

**Caution:** Review transferred information for accuracy.

49 If **yes,** please provide the following information:

a Name of your financial institution ______

b Routing Transit Number (must begin with 01 through 12 or 21 through 32) ______

c Account number ______

d What type of account is this? Checking ☐ Savings ☐

☑ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Health Insurance Coverage



**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

**Part 1** **Coverage**

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:
See the information below regarding the new health insurance reporting requirements beginning in 2015.

Indicate which months each person was covered by MEC*:

| Name of covered individual(s) | SSN or DOB | Covered 12 mos | Exchange Policy | Exemption Received | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:
- ► **Minimum Essential Coverage (*MEC),** or
- ► an **Exemption** from the responsibility to have minimum essential coverage, or
- ► Make a **Shared Responsibility Payment.**

**Minimum Essential Coverage** includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

**Exemptions** may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2016 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or
the family's flat dollar amount for 2016 is $695 per adult and $347.50 per child, limited to a family maximum of $2,085.
This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2016.
The national average bronze plan amount is $225 per month and limited to $1,115 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

## Business/Investment Questions



| | | Yes | No |
|---|---|---|---|
| 1 | Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.) | ☐ | ☐ |
| 2 | Did you buy or sell any stocks or bonds in 2016 ? If **yes**, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions. | ☐ | ☐ |
| 3 | Did you surrender any U.S. savings bonds during 2016 ? | ☐ | ☐ |
| 4 | Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? | ☐ | ☐ |
| 5 | Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? | ☐ | ☐ |
| 6 | Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? | ☐ | ☐ |
| 7 | Do you have any investments for which you were **not** personally 'at risk' (other than sole proprietorship or farm)? | ☐ | ☐ |
| 8 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2016 ? | ☐ | ☐ |
| 9 | Did you sell property or equipment on installment in 2016 ? | ☐ | ☐ |
| 10 | Did you have any business related educational expenses? | ☐ | ☐ |
| 11 | Did you do a 'like-kind' exchange of property in 2016 ? | ☐ | ☐ |
| 12 | Do you have records, as described below, to support expenses? | ☐ | ☐ |
| | Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: **1** Amount; **2** Time and place; **3** Date; **4** Business purpose; **5** Description of gift(s); and **6** Business relationship of recipient. | | |
| 13 | Did you purchase special fuels for non-highway use? If **yes**, please list the type of use and the number of gallons for each fuel. | ☐ | ☐ |
| 14 | Was Form 8903 (Domestic Production Activities Deduction) included in your 2015 federal income tax return? | ☐ | ☐ |

# Basic Taxpayer Information



## PERSONAL INFORMATION

| | TAXPAYER | SPOUSE |
|---|---|---|
| Last name | | |
| First name | | |
| Middle initial and suffix | MI ............ Suffix ............ | MI .......... Suffix ............... |
| Social security number | | |
| Occupation | | |
| Work phone/extension | | |
| Cell phone | | |
| E-mail address | | |
| Driver's License/Id issuing state | | |
| License /Id number | | |
| License/Id issue date | | |
| License/Id expiration date | | |
| Birthdate | MM/DD/YYYY ......... | MM/DD/YYYY ......... |
| Blind | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Contribute to Presidential Election Campaign Fund | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Eligible to be claimed as a dependent on another return | Yes ☐ No ☐ | Yes ☐ No ☐ |

Street address..... ______ Apartment number ........... ______

City................. ______ State....................... ______ ZIP code.............. ______

Home phone....... ______ Foreign country ........................ ______

Fax ................. ______ Foreign phone ......................... ______

## FILING STATUS

☐ **1** Single

☐ **2** Married filing jointly

☐ **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ► ☐

Check this box if you are eligible to claim spouse's exemption ► ☐

Check this box if your spouse itemizes deductions ► ☐

☐ **4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name.............. ______ Child's social security number......... ______

☐ **5** Qualifying widow(er)

Check the box for the year the spouse died ► 2014 ☐ 2015 ☐

## DEPENDENT INFORMATION

| Full Name (first name, middle initial, last name, suffix) | | | | Social Security Number / Relationship | **Code / +Months in U.S. | Date of Birth / *Not Citizen | 2016 Child Care Expense / 2015 Child Care Expense |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | |
| | | | | | | ☐ | |
| | | | | | | ☐ | |
| | | | | | | ☐ | |

** For the Dependent Code, enter the following:

L = dependent child who lived with you

N = dependent child who didn't live with you due to divorce or separation

O = other dependent

Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

\+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

# Interest and Dividend Income



**T** = Taxpayer, **S** = Spouse, **J** = Joint

## INTEREST INCOME

☑ **Attach all copies of your Form 1099-INTs here.**

**Type of Interest
blank = Regular taxable interest
ME1 = ME bond interest in federal income
MD1 = MD nontaxable interest — taxable federal
MA1 = MA bank interest
NH1 = NH nontaxable interest — taxable federal
NJ1 = NJ nontaxable interest — taxable federal
OK1 = OK bank interest
TN1 = TN nontaxable interest — taxable federal
WV1 = WV bond interest in federal income

| TSJ | X* | Payer Name | 2016 Box 1 Interest | Type of Interest** | 2016 Box 3 US/Treasury Interest | 2016 Box 8 Tax Exempt | State | 2015 Box 1 + 3 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**X*** Check if you did not receive income from this account in 2016 .

## DIVIDEND INCOME

☑ **Attach all copies of your Form 1099-DIVs here.**

| TSJ | X* | Payer Name | 2016 Box 1a Ordinary Dividends | 2016 Box 1b Qualified Dividends | 2016 Box 2a Capital Gains | State | 2015 Box 1a + 2a |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**X*** Check if you did not receive income from this account in 2016 .

# Medical and Tax Expenses

| MEDICAL AND DENTAL EXPENSES | 2016 | 2015 |
|---|---|---|
| 1 Prescription medications | | |
| 2 Health insurance premiums (enter Medicare B on ORG10) | | |
| Exclude premiums paid through an exchange (Form 1095-A) | | |
| 3 Qualified long-term care premiums | | |
| a Taxpayer's gross long-term care premiums | | |
| b Spouse's gross long-term care premiums | | |
| c Dependent's gross long-term care premiums | | |
| 4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity | | |
| 5 Insurance reimbursement | | |
| 6 Doctors, dentists, etc | | |
| 7 Hospitals, clinics, etc | | |
| 8 Lab and X-ray fees | | |
| 9 Expenses for qualified long-term care | | |
| 10 Eyeglasses and contact lenses | | |
| 11 Medical equipment and supplies | | |
| 12 Miles driven for medical purposes | | |
| 13 Ambulance fees and other medical transportation costs | | |
| 14 Lodging | | |
| 15 Other medical and dental expenses: | | |
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |
| f | | |
| g | | |
| h | | |
| i | | |
| j | | |

| TAXES | 2016 | 2015 |
|---|---|---|
| Enter state and local income taxes on **ORG7, ORG8, ORG10,** and **ORG40.** | | |
| 16 Real estate taxes paid on principal residence | | |
| 17 Real estate taxes paid on additional homes or land | | |
| 18 Auto registration fees based on the value of the vehicle | | |
| 19 Other personal property taxes | | |
| 20 Other taxes: | | |
| | | |
| | | |

# Interest Paid and Cash Contributions



## HOME MORTGAGE INTEREST PAID

| Lender's Name | Check if NOT on Form 1098 | 2016 | 2015 |
|---|---|---|---|
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |

## POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME

| Lender's Name | Check if NOT on Form 1098 | 2016 |
|---|---|---|
| | ☐ | |
| | ☐ | |
| | ☐ | |
| | ☐ | |

## SELLER FINANCED MORTGAGE

| Individual's Name | Identifying Number | Address |
|---|---|---|
| | | |
| | | |

## OTHER PERSON RECEIVING FORM 1098

| Form 1098 Recipient's Name | Address |
|---|---|
| | |
| | |

## OTHER POINTS

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

| Lender's Name | Loan Over | Points Paid | Date of Loan | Loan Length (years) | 2015 Points Deducted |
|---|---|---|---|---|---|
| | ☐ | | | | |
| | ☐ | | | | |
| | ☐ | | | | |
| | ☐ | | | | |

## INVESTMENT INTEREST

| | 2016 | 2015 |
|---|---|---|
| Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) ........ | | |

# Interest Paid and Cash Contributions (continued)

## LIMITED HOME MORTGAGE DEDUCTION

If your mortgage balance exceeded $1 million ($500,000 for married filing separately) or your home equity debt exceeded $100,000 ($50,000 for married filing separately) during 2015 complete the following:

| | Loan 1 | Loan 2 | Loan 3 | Loan 4 | Loan 5 |
|---|---|---|---|---|---|
| 1 Interest paid in 2016 | | | | | |
| Points paid in 2016 | | | | | |
| Months loan outstanding | | | | | |
| Principal pd on loan in 2016 | | | | | |
| 2 Home acquisition debt: Beginning of year balance | | | | | |
| Additional borrowed in 2016 | | | | | |
| 3 Home equity debt: Beginning of year balance | | | | | |
| Additional borrowed in 2016 | | | | | |
| 4 Grandfathered debt: (before 10/14/1987) Beginning of year balance | | | | | |
| Additional borrowed in 2016 | | | | | |

5 Fair market value of homes on date debt was last secured by home ..........

6 Home acquisition and grandfathered debt on date last secured by home ..........

## CASH CONTRIBUTIONS

| Name of Donee Organization | Check if Statement Exists for Gifts $250 or More | 2016 | 2015 |
|---|---|---|---|
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| Charitable miles driven | | | |
| Miles driven to deliver noncash contributions | | | |
| Parking fees, tolls, and local transportation | | | |

# Noncash Contributions

ORG14A

| | Name of Donee Organization | Check if Statement Exists for Gifts of $250 or More | Fair Market Value | Prior Year Fair Market Value |
|---|---|---|---|---|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |
| I | | | | |

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than $500.**

| | Description of Donated Property | Type** | Address of Donee Organization |
|---|---|---|---|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |
| I | | | |

| | Method for Fair Market Value* | Date of Contribution | Complete these columns **only** for each contribution over $500 | | |
|---|---|---|---|---|---|
| | | | Date Acquired (month, year) | How Acquired*** | Your Cost |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |

***Methods of determining FMV:**

Appraisal
Average share
Catalog
Capitalization of income
Comparative sales
Consignment shop
Present value
Replacement cost
Reproduction cost
Thrift shop

****Type of Donated Property**

Household/clothing items
Motor vehicle, boat or airplane
Art, other than self-created
Art, self-created
Collectibles
Business equipment
Business inventory
Stock, publicly traded
Stock, other than publicly traded
Securities, other than stock
Intellectual property
Real property, conservation property
Real property, other than conservation
Other personal property
Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

# Miscellaneous Itemized Deductions

| MISCELLANEOUS DEDUCTIONS (2% LIMITATION) | 2016 | 2015 |
|---|---|---|
| **Employee Business Expenses** | | |
| **Note**: If you have any travel, transportation, meals or entertainment expenses **or** your employer reimbursed you for **any** of your job-related expenses, complete **ORG17** for **all** your employee expenses. | | |
| 1 Union and professional dues | | |
| 2 Professional subscriptions | | |
| 3 Uniforms and protective clothing | | |
| 4 Job search costs | | |
| 5 Other unreimbursed employee expenses: | | |
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |
| **Other Expenses Subject to the 2% Limitation** | | |
| Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No | | |
| Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ☐ Regular ☐ Extension ☐ No | | |
| Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No | | |
| Was this property located in a Qualified Disaster Area? ☐ Yes ☐ No | | |
| Check to code assets as Investment Expense ☐ | | |
| Use **ORG50** to record dispositions. | | |
| Use **ORG51A** to enter additional assets. | | |
| Use **ORG11a** for investment expenses related to interest income. | | |
| Use **ORG11b** for investment interest related to dividend income. | | |
| 6 Tax return preparation fees | | |
| 7 Investment counsel and advisory fees | | |
| 8 Certain attorney and accounting fees | | |
| 9 Safe deposit box rental | | |
| 10 IRA custodial fees | | |
| 11 Other expenses (list): | | |
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |

| OTHER MISCELLANEOUS DEDUCTIONS | 2016 | 2015 |
|---|---|---|
| 12 Federal estate tax paid on income in respect of a decedent | | |
| 13 Amortizable bond premiums (acquired before 10/23/86) | | |
| 14 Gambling losses (to the extent of gambling income) | | |
| 15 Claim repayments | | |
| 16 Unrecovered investment in annuity | | |
| 17 Unrecovered investment in annuity | | |

# State Information Worksheet

ORG60

## GENERAL INFORMATION

| | Taxpayer | Spouse |
|---|---|---|
| 1 Enter your state of residence | | |

2 Check the appropriate box if:

| | Taxpayer | Spouse | |
|---|---|---|---|
| a Full year resident | ☐ | ☐ | |
| b Part year resident | ☐ | ☐ | Date of entry: ______ Date of exit: ______ |
| c Nonresident | ☐ | ☐ | |

3 Resident locality: ______

4 County: ______ School district: ______ School district number: ______

| | Taxpayer | Spouse |
|---|---|---|
| 5 Check if disabled | ☐ | ☐ |

## STATE CREDITS

| 6 **Description/type of credit** (for example, solar energy, carpool) | Code | Amount |
|---|---|---|
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |

## VOLUNTARY STATE CONTRIBUTIONS

| 7 **Description/type of contribution** (for example, wildlife, cancer) | Code | Amount |
|---|---|---|
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |

## MISCELLANEOUS QUESTIONS

| | Yes | No |
|---|---|---|
| 8 Did you file a state return for 2015 ? | ☐ | ☐ |
| 9 Do you want state forms and instructions sent to you next year? | ☐ | ☐ |
| 10 Do you want any applicable penalty and interest calculated and added to the return? | ☐ | ☐ |

11 How do you want your state refund (if any) applied?

a Refunded ☐ b Apply to 2017 estimates ☐ c Apply to 2017 taxes ☐

12 Additional state information: ______