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January 6, 2017

Dear Client:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2016 tax return. Please review the entire packet and answer any questions that apply. Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Effective January 1, 2014, unless otherwise exempt, all U.S. citizens, their dependents, and other legal residents are required to have minimum essential health insurance coverage or pay a penalty. We have updated the questionnaire and documentation to help you provide us with the information we need to report your health insurance coverage status and complete the tax forms.

Bring this packet, the signed engagement letter, and all supporting documents including W-2 and 1099 statements, to your tax-preparation appointment. You are welcome to upload your tax information into your Client Portal Account. Your Client Portal Account can be accessed anytime through our website at [www.jfsmoney.com](http://www.jfsmoney.com).

After hours, you are also welcome to leave your tax information in our secure drop box (the large locked black mail box labeled G). We cannot guarantee that your return will be complete by the April 18, 2017 deadline if your information is received after March 18, 2017.

I appreciate your trust in our business. Please feel free to contact me at (913) 788-7852 if you have any questions or need additional information.

Sincerely,

A handwritten signature in blue ink that reads 'Lesley Johnson'.

Lesley Johnson  
JOHNSON FINANCIAL SERVICES, LLC

## Miscellaneous Information

Name:

SSN:

### Personal Information

**Yes**   **No**

Did your marital status change during the year?

If "Yes," explain \_\_\_\_\_

Can you or your spouse be claimed as a dependent by someone else?

Did your address change during the year?

### Dependent Information

Did you have any changes in dependents during the year?

If "Yes," explain \_\_\_\_\_

Can another person qualify to claim the child?

Did you have any childcare expenses during the year?

Did you have any adoption expenses during the year?

Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

### Health Care Information

Did any member of your household **NOT** have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

### Income, Purchases, Sales, and Debt Information

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

Did you have any income from, or pay taxes to, a foreign country?

Did you receive any tips not reported to your employer?

Did you receive any disability income during the year?

Did you cash any U.S. savings bonds during the year?

Did you receive any other income not provided with this organizer?

If "Yes," explain \_\_\_\_\_

Did you start a new business or purchase any rental property during the year?

Did you sell an existing business, rental property, or other property during the year?

Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Did you buy or sell any stocks, bonds, or other investments during the year?

Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

Did you foreclose or abandon a principal residence or real property during the year?

Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

Did you receive any principal or interest, during this year, from property sold in prior years?

Did you rent out your home or use it for business?

Did you sell, exchange, or purchase any real estate during the year?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you have any debts canceled or forgiven this year?

Does anyone owe you money that has become uncollectible?

Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

### Itemized Deduction Information

Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

Did you pay any long-term healthcare premiums for yourself, your spouse, or a dependent during the year?

Did you receive any state or local income tax refunds from prior years?

Did you make any major purchases (vehicle, boats, etc.) during the year?

Did you pay any real estate property taxes or personal property taxes during the year?

Did you pay mortgage interest during the year?

## Miscellaneous Information

Name:

SSN:

- Did you make cash donations to charity during the year?  
  Did you make noncash donations to charity (clothes, furniture, etc.) during the year?  
  Did you donate a boat or vehicle during the year?  
 If "Yes," attach Form 1098-C.
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?  
  Did you use your vehicle on the job other than for commuting to work?  
  Did you work out of town at any time during the year?  
  Did you have gambling losses during the year?

### Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?  
  Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?  
  Did you receive any Social Security benefits during the year?

### Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?  
  Did anyone in your household attend a post-secondary school during the year?  
  Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?  
  Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

### Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?  
 If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?  
  Did you make any gifts to any one person in excess of \$14,000 during the year?  
 If "Yes," are you splitting the gift with your spouse? \_\_\_\_\_
- Did you incur moving expenses due to a change in employment?  
  Did you make any energy-efficient improvements to your main home during the year?  
  Are you a business owner who paid health insurance premiums for your employees during the year?  
  Did you apply an overpayment of your 2015 taxes to your 2016 estimated taxes?  
  If you have an overpayment of 2016 taxes, do you want the refund applied to your 2017 estimated taxes?  
  Did you make any estimated payments toward your 2016 taxes?  
  Do you want to have any refund or balance due directly deposited or withdrawn?  
 If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?  
 If "Yes," explain \_\_\_\_\_
- May the IRS discuss your tax return with your preparer?  
  Would you like a physical copy or a PDF copy of your tax return?

### Preparer Notes

#### Miscellaneous Notes

## 2016 Tax Organizer Personal and Dependent Information

### Personal Information

|                                      |            |               |               |                              |
|--------------------------------------|------------|---------------|---------------|------------------------------|
|                                      | Name       | SSN           | Date of Birth | Healthcare coverage ALL year |
| Taxpayer                             |            |               |               |                              |
| Spouse                               |            |               |               |                              |
| Street address, city, state, and ZIP |            |               |               |                              |
|                                      | Occupation | Daytime Phone | Evening Phone | Cell Phone                   |
| Taxpayer                             |            |               |               |                              |
| Spouse                               |            |               |               |                              |
| Taxpayer Email                       |            |               |               |                              |
| Spouse Email                         |            |               |               |                              |

### Marital Status at end of 2016

- Married  
 Married filing separately  
 Single  
 Widow(er), Date of Spouse's Death if deceased in 2016 \_\_\_\_\_

### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Spouse

- Yes  No Are you blind?  
 Yes  No Are you disabled?  
 Yes  No Are you a full-time student?  
 Yes  No Do you want \$3 to go to the Presidential Election Campaign Fund?

### Dependent Information

| First and last name | SSN | Relationship | Months in Home | Date of Birth | Disabled | Full-time Student | Healthcare coverage ALL year |
|---------------------|-----|--------------|----------------|---------------|----------|-------------------|------------------------------|
|                     |     |              |                |               |          |                   |                              |
|                     |     |              |                |               |          |                   |                              |
|                     |     |              |                |               |          |                   |                              |
|                     |     |              |                |               |          |                   |                              |
|                     |     |              |                |               |          |                   |                              |

List dependents required to file a return \_\_\_\_\_

### Estimates

|                               | Federal   |        | Resident State |        | Resident City |        |
|-------------------------------|-----------|--------|----------------|--------|---------------|--------|
|                               | Date Paid | Amount | Date Paid      | Amount | Date Paid     | Amount |
| Overpayment applied from 2015 | _____     | _____  | _____          | _____  | _____         | _____  |
| First quarter                 | _____     | _____  | _____          | _____  | _____         | _____  |
| Second quarter                | _____     | _____  | _____          | _____  | _____         | _____  |
| Third quarter                 | _____     | _____  | _____          | _____  | _____         | _____  |
| Fourth quarter                | _____     | _____  | _____          | _____  | _____         | _____  |
| Additional payments           | _____     | _____  | _____          | _____  | _____         | _____  |

### Appointment Information & Notes

Your 2016 appointment is scheduled for \_\_\_\_\_

**Notes**

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

| Had healthcare coverage: | For the entire year | For part of the year (Less than 12 months) | No healthcare coverage at all |
|--------------------------|---------------------|--|-------------------------------|
|                          |                     |  |                               |
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|                          |                     |  |                               |

**YES    NO**

    Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

    Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if it applies to any member of the household

    Was your previous insurance policy cancelled in 2016?

    Was coverage offered by your employer or your spouse's employer?

    Are you a member of a federally recognized Indian tribe?

    Are you eligible for services through an Indian healthcare provider?

    Are you a member of a healthcare sharing ministry?

    Did you live in the United States the entire year?

    Are you enrolled in TRICARE?

    Did you apply for CHIP coverage?

    Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

### Income

Name:

SSN:

#### Wages & Salaries

Attach all copies of Form W-2

| Employer name | 2016 federal wages |
|---------------|--------------------|
|               |                    |
|               |                    |
|               |                    |
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#### Retirement

Attach all copies of Form 1099-R

| Payer name | 2016 distribution |
|------------|-------------------|
|            |                   |
|            |                   |
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#### Form 1099-Misc Income

Attach all copies of Form 1099-MISC (\* Also reported on Schedule C or E)

| Payer name | 2016 amount |
|------------|-------------|
|            |             |
|            |             |
|            |             |
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|            |             |

**Income**

Name:

SSN:

**Dividend Income**

Provide all copies of Form 1099-DIV & other statements that report dividend income

| <b>Payer name</b> | <b>2016<br/>ordinary<br/>dividends</b> | <b>2016<br/>qualified<br/>dividends</b> |
|-------------------|--|---|
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**Interest Income**

Attach all copies of Form 1099-INT, 1099-OID and other statements that report interest income

| <b>Payer name</b> | <b>2016<br/>interest</b> |
|-------------------|--------------------------|
|                   |                          |
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If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address





### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

|  | 2016<br>Taxpayer | 2016<br>Spouse |
|--|------------------|----------------|
| Scholarships or grants not reported on form W-2 . . . . .      | _____            | _____          |
| State income tax refund (attach Forms 1099-G) . . . . .        | _____            | _____          |
| Alimony received . . . . .                                     | _____            | _____          |
| Unemployment compensation (attach Forms 1099-G) . . . . .      | _____            | _____          |
| Unemployment compensation repaid in 2016 . . . . .             | _____            | _____          |
| Social Security Benefits (attach Forms 1099-SSA) . . . . .     | _____            | _____          |
| Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . . | _____            | _____          |
| Gambling winnings (attach Forms W2-G) . . . . .                | _____            | _____          |
| Alaska Permanent Fund . . . . .                                | _____            | _____          |
| Other income: _____  | _____            | _____          |
| _____  | _____            | _____          |
| _____  | _____            | _____          |

#### Adjustments

|  | 2016<br>Taxpayer | 2016<br>Spouse |
|--|------------------|----------------|
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . . | _____            | _____          |
| Contributions made to a Health Savings Account (HSA) . . . . .   | _____            | _____          |
| Contributions made to a Self-Employed Pension plan (SEP) . . . . .                                     | _____            | _____          |
| Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .         | _____            | _____          |
| Alimony paid   |                  |                |
| Name: _____ SSN: _____   | _____            | _____          |
| Name: _____ SSN: _____   | _____            | _____          |
| Contributions made to an Individual Retirement Account (IRA) . . . . .                                 | _____            | _____          |
| Contributions made to a Roth IRA . . . . .   | _____            | _____          |
| Contributions made to a myRA . . . . .   | _____            | _____          |
| Interest paid on a student loan . . . . .  | _____            | _____          |
| Other adjustments: _____   | _____            | _____          |

#### Job-related Moving Expenses

|   | 2016  |
|---|-------|
| Number of miles from old home to old workplace . . . . .  | _____ |
| Number of miles from old home to new workplace . . . . .  | _____ |
| Expenses to move household goods & personal effects and lodging expenses while traveling to your new home . . . . .<br>(Do not include cost of meals) | _____ |
| <input type="checkbox"/> This was a military move   |       |

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

Business name \_\_\_\_\_ Employer ID Number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

- Checkboxes for business start/acquire, disposal, and Form 1099 filing.

Income

Table with 2 columns for 2016 and 2016, listing Gross receipts or sales, Income from Form 1099-MISC, and Returns & allowances.

Expenses

Table with 2 columns for 2016 and 2016, listing various expense categories like Advertising, Travel, Insurance, etc.

Cost of Goods Sold

Table with 2 columns for 2016 and 2016, listing Inventory at beginning/end of year, Purchases, and Cost of labor.

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Property Information**

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> This property is your main home                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2016            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s)  |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |   |

**Income**

|                                      | 2016  |   | 2016  |
|--------------------------------------|-------|---|-------|
| Rent income . . . . .                | _____ | Royalties from oil, gas, mineral, copyright or patent . . . . . | _____ |
| Rental income from Form(s) 1099-MISC | _____ | Royalties from Form 1099-MISC                                   | _____ |

**Expenses**

|                                     | Rental unit expenses | Rental <u>and</u> homeowner expenses |  |
|-------------------------------------|----------------------|--------------------------------------|--|
| Advertising . . . . .               | _____                | _____                                | If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. |
| Auto & travel . . . . .             | _____                | _____                                |  |
| Cleaning & maintenance . . . . .    | _____                | _____                                |  |
| Commissions . . . . .               | _____                | _____                                |  |
| Depletion . . . . .                 | _____                | _____                                |  |
| Insurance . . . . .                 | _____                | _____                                |  |
| Legal & professional fees . . . . . | _____                | _____                                |  |
| Management fees . . . . .           | _____                | _____                                |  |
| Interest - mortgage . . . . .       | _____                | _____                                |  |
| Interest - other . . . . .          | _____                | _____                                |  |
| Repairs . . . . .                   | _____                | _____                                | If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.  |
| Supplies . . . . .                  | _____                | _____                                |  |
| Taxes . . . . .                     | _____                | _____                                |  |
| Utilities . . . . .                 | _____                | _____                                |  |
| Other expenses                      | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |



**Schedule F - Profit or Loss from Farming**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID Number \_\_\_\_\_

- This farm was disposed of during 2016  Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
- This farm received government subsidy in 2016  Yes  No You filed Form(s) 1099 for the individual(s)

**Income**

|  | 2016  | 2016  |
|--|-------|---|
| Sales of livestock / other items . . . . .               | _____ | Beginning inventory for accrual . . . . . _____                                       |
| Cost of items bought for resale . . . . .                | _____ | Ending inventory for accrual . . . . . _____  |
| Sale of products you raised . . . . .                    | _____ | <input type="checkbox"/> You used unit-livestock-price or farm-price inventory method |
| Total cooperative distributions . . . . .                | _____ | Other income . . . . . _____  |
| Total agricultural payments . . . . .                    | _____ | _____   |
| Commodity Credit Corporation (CCC) loans:                |       |   |
| CCC loans reported . . . . .                             | _____ | _____   |
| CCC loans forfeited . . . . .                            | _____ | _____   |
| Crop insurance proceeds:                                 |       |   |
| Amount received in 2016 . . . . .                        | _____ | _____   |
| <input type="checkbox"/> You elect to defer to next year |       |   |
| Amount deferred from last year . . . . .                 | _____ | _____   |
| Custom hire income . . . . .                             | _____ | _____   |

**Expenses**

|   | 2016  | 2016   |
|---|-------|--|
| Car & truck expenses . . . . .                    | _____ | Seeds & plants purchased . . . . . _____         |
| Chemicals . . . . .                               | _____ | Storage & warehousing . . . . . _____            |
| Conservation expenses . . . . .                   | _____ | Supplies purchased . . . . . _____               |
| Custom hire (machine work) . . . . .              | _____ | Taxes . . . . . _____                            |
| Employee benefit programs . . . . .               | _____ | Utilities . . . . . _____                        |
| Feed purchased . . . . .                          | _____ | Veterinary, breeding, & medicine . . . . . _____ |
| Fertilizers & lime . . . . .                      | _____ | Other expenses . . . . . _____                   |
| Freight & trucking . . . . .                      | _____ | _____  |
| Gasoline, fuel, & oil . . . . .                   | _____ | _____  |
| Insurance (other than health) . . . . .           | _____ | _____  |
| Interest - mortgage (paid to banks, etc.)         | _____ | _____  |
| Interest - other . . . . .                        | _____ | _____  |
| Labor hired (less jobs credit) . . . . .          | _____ | _____  |
| Pension & profit-sharing plans . . . . .          | _____ | _____  |
| Rent - vehicles, machinery, & equipment . . . . . | _____ | _____  |
| Rent - other (land, animals, etc.) . . . . .      | _____ | _____  |
| Repairs & maintenance . . . . .                   | _____ | _____  |

Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2016

This farm received applicable subsidy during 2016

Income

|  | 2016  |                        | 2016  |
|--|-------|------------------------|-------|
| Income from production of livestock, grains, and other crops . . . . . | _____ | Other income . . . . . | _____ |
| Total cooperative distributions . . . . .                              | _____ |                        | _____ |
| Total agricultural payments . . . . .                                  | _____ |                        | _____ |
| Commodity Credit Corporation (CCC) loans:                              |       |                        |       |
| CCC loans reported . . . . .   | _____ |                        | _____ |
| CCC loans forfeited . . . . .  | _____ |                        | _____ |
| Crop insurance proceeds:   |       |                        |       |
| Amount received in 2016 . . . . .                                      | _____ |                        | _____ |
| <input type="checkbox"/> You elect to defer to next year               |       |                        |       |
| Amount deferred from last year . . . . .                               | _____ |                        | _____ |

Expenses

|  | 2016  |  | 2016  |
|--|-------|--|-------|
| Car & truck expenses . . . . .               | _____ | Seeds & plants purchased . . . . .         | _____ |
| Chemicals . . . . .                          | _____ | Storage & warehousing . . . . .            | _____ |
| Conservation expenses . . . . .              | _____ | Supplies purchased . . . . .               | _____ |
| Custom hire (machine work) . . . . .         | _____ | Taxes . . . . .                            | _____ |
| Employee benefit programs . . . . .          | _____ | Utilities . . . . .                        | _____ |
| Feed purchased . . . . .                     | _____ | Veterinary, breeding, & medicine . . . . . | _____ |
| Fertilizers & lime . . . . .                 | _____ | Other expenses                             |       |
| Freight & trucking . . . . .                 | _____ |  | _____ |
| Gasoline, fuel, & oil . . . . .              | _____ |  | _____ |
| Insurance (other than health) . . . . .      | _____ |  | _____ |
| Interest - mortgage (paid to banks, etc.)    | _____ |  | _____ |
| Interest - other: . . . . .                  | _____ |  | _____ |
| Labor hired (less jobs credit) . . . . .     | _____ |  | _____ |
| Pension & profit-sharing plans . . . . .     | _____ |  | _____ |
| Rent - vehicles, machinery & equip . . . . . | _____ |  | _____ |
| Rent - other (land, animals, etc.) . . . . . | _____ |  | _____ |
| Repairs & maintenance . . . . .              | _____ |  | _____ |

## Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use           | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written                     |

Number of miles the vehicle was driven during 2016  
 Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

|                          |       |                        |       |
|--------------------------|-------|------------------------|-------|
| Garage rent . . . . .    | _____ | Property tax . . . . . | _____ |
| Gas . . . . .            | _____ | Repairs . . . . .      | _____ |
| Insurance . . . . .      | _____ | Tires . . . . .        | _____ |
| Licenses . . . . .       | _____ | Tolls . . . . .        | _____ |
| Oil . . . . .            | _____ | Other expenses         | _____ |
| Parking fees . . . . .   | _____ |                        | _____ |
| Lease payments . . . . . | _____ |                        | _____ |
| Interest . . . . .       | _____ |                        | _____ |

### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities, not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_ How many hours per day was the area used \_\_\_\_\_  
 The daycare facility was in operation for the entire year

| Expenses                           | Office expenses | Home expenses |   |
|------------------------------------|-----------------|---------------|---|
| Mortgage interest . . . . .        | _____           | _____         | In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling. |
| Real estate taxes . . . . .        | _____           | _____         |   |
| Excess mortgage interest . . . . . | _____           | _____         |   |
| Insurance . . . . .                | _____           | _____         |   |
| Rent . . . . .                     | _____           | _____         |   |
| Repairs & maintenance . . . . .    | _____           | _____         |   |
| Utilities . . . . .                | _____           | _____         |   |
| Other expenses . . . . .           | _____           | _____         |   |

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

Health insurance premiums (paid by you) . . . . . \_\_\_\_\_

Long-term care premiums (you) . . . . . \_\_\_\_\_

Long-term care premiums (your spouse) . . . . . \_\_\_\_\_

Long-term care premiums (dependents) . . . . . \_\_\_\_\_

Mileage driven for medical purposes . . . . . \_\_\_\_\_

Medical and dental expenses

    Doctor, dental, etc . . . . . \_\_\_\_\_

    Prescription medicines . . . . . \_\_\_\_\_

    Insulin . . . . . \_\_\_\_\_

    Glasses and contacts . . . . . \_\_\_\_\_

    Hearing aids . . . . . \_\_\_\_\_

    Braces . . . . . \_\_\_\_\_

    Medical equipment & supplies . . . . . \_\_\_\_\_

    Hospital services . . . . . \_\_\_\_\_

    Laboratory services . . . . . \_\_\_\_\_

    Nursing services . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

**Taxes Paid**

State and local income taxes . . . . . \_\_\_\_\_

Sales tax . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Personal property taxes . . . . . \_\_\_\_\_

Other taxes (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interest paid**

Mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_

Mortgage interest paid to an individual . . . . . \_\_\_\_\_

Paid to:

    Name \_\_\_\_\_

    Address \_\_\_\_\_

    City, State, ZIP \_\_\_\_\_

    SSN or EIN \_\_\_\_\_

Qualified mortgage insurance premiums . . . . . \_\_\_\_\_

Investment interest . . . . . \_\_\_\_\_

**Charitable Contributions**

| <b>Donations to Charity</b>  | <b>Cash</b>              | <b>Noncash</b>           | <b>Amount</b> |
|------------------------------|--------------------------|--------------------------|---------------|
| Church . . . . .             | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| Boy or Girl Scouts . . . . . | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| Goodwill . . . . .           | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| Red Cross . . . . .          | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| Salvation Army . . . . .     | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| United Way . . . . .         | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| Veterans . . . . .           | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| Hospital . . . . .           | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| University . . . . .         | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| Other . . . . .              | <input type="checkbox"/> | <input type="checkbox"/> | _____         |

Miles driven for charitable purposes \_\_\_\_\_

**Job Expenses & Certain Misc. Deductions**

Necessary job expenses you paid that were not reimbursed by your employer

    Safety equipment, tools, & supplies . . . . . \_\_\_\_\_

    Uniforms . . . . . \_\_\_\_\_

    Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_

    Dues to professional organizations . . . . . \_\_\_\_\_

    Books & subscriptions . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

Tax preparation fees . . . . . \_\_\_\_\_

Other nonpersonal expenses related to taxable income

    Safe deposit box fees . . . . . \_\_\_\_\_

    Investment expenses not entered elsewhere . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

**Other Misc. Deductions**

Amortizable bond premiums . . . . . \_\_\_\_\_

Federal estate tax . . . . . \_\_\_\_\_

Gambling losses . . . . . \_\_\_\_\_

Impairment-related work expenses . . . . . \_\_\_\_\_

Claim repayments . . . . . \_\_\_\_\_

Unrecovered pension investments . . . . . \_\_\_\_\_

Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_

Ordinary loss debt instrument . . . . . \_\_\_\_\_



**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Attach all copies of Form 1098

| Lender's name | Mortgage Interest Received | Mortgage Insurance Premiums | Real Estate Taxes Paid |
|---------------|----------------------------|-----------------------------|------------------------|
| _____         | _____                      | _____                       | _____                  |
| _____         | _____                      | _____                       | _____                  |
| _____         | _____                      | _____                       | _____                  |
| _____         | _____                      | _____                       | _____                  |
| _____         | _____                      | _____                       | _____                  |

**Employee Business Expense Not Reimbursed by Your Employer**

|  | NOT reimbursed<br>by your employer | Reimbursed by your employer<br>not included on your W-2 |
|--|------------------------------------|---|
| Rural mail carrier expenses . . . . .  | _____                              | _____   |
| Parking fees, tolls, local transportation . . . . .                                    | _____                              | _____   |
| Meals & entertainment . . . . .  | _____                              | _____   |
| Overnight business travel expenses<br>(Do not include meals & entertainment) . . . . . | _____                              | _____   |
| Other business expenses . . . . .  | _____                              | _____   |
| _____  | _____                              | _____   |
| _____  | _____                              | _____   |
| _____  | _____                              | _____   |

- |  |  |
|--|--|
| <input type="checkbox"/> You used your personal vehicle for your job during 2016 | <input type="checkbox"/> You are a fee-based state or local government official            |
| <input type="checkbox"/> You are a reservist                                     | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a qualified performing artist                   | <input type="checkbox"/> You are a member of the clergy                                    |

**Casualties and Thefts**

|   |   |
|---|---|
| Property description _____                | Property description _____                |
| Property location _____                   | Property location _____                   |
| Date property was damaged or stolen _____ | Date property was damaged or stolen _____ |
| Cost of property damaged or stolen _____  | Cost of property damaged or stolen _____  |
| Amount of damage _____                    | Amount of damage _____                    |
| Insurance reimbursement _____             | Insurance reimbursement _____             |

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child and Other Dependent Care Expenses**

| Name of care provider | Address | SSN<br>or<br>EIN | Amount Paid |
|-----------------------|---------|------------------|-------------|
|                       |         |                  |             |
|                       |         |                  |             |
|                       |         |                  |             |
|                       |         |                  |             |

**Education Expenses**

Attach all copies of Form 1098-T

Student Name \_\_\_\_\_

Student Name \_\_\_\_\_

| Type of Expense | Amount | Type of Expense | Amount |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |

Student Name \_\_\_\_\_

Student Name \_\_\_\_\_

| Type of Expense | Amount | Type of Expense | Amount |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |