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2016 TAX ORGANIZER

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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



SCHEIDEL, SULLIVAN & LANNI CPA LLC
Business and Financial Advisors

Enclosed is your 2016 Individual Tax Organizer. Please take time to review your Organizer and the questions presented. When you return the signed Organizer, please include copies of all source documents (1099s, W-2s, K-1s, etc.) along with new information you believe to be important. It is not necessary that you re-enter information into the Organizer that is contained within your source documents. ***Due to the tightening of IRS regulations and preparer penalties, all charitable donations and unreimbursed business expenses need to be supported with appropriate documentation. We will ask you to sign a statement verifying these expenses if you do not bring in supporting documentation.***

Scheidel, Sullivan & Lanni, CPA LLC takes pride in preparing our clients' tax returns so they may file on a timely basis. However, in order to do, ***please get us your information as soon as possible.*** Returning your completed **Organizer, Signed Engagement Letter** and source documentation to us, even if you are missing information, will enable us to begin the process so we can finish your return in a more timely fashion rather than waiting for you to compile all of your information. ***If we do not receive complete information by March 25, 2017, we cannot guarantee filing your return by April 15th.***

As in the past, we will be providing you with a copy of your tax return on a CD but will provide a paper copy of your return if you request. We also will file your return electronically. Electronic filing is now the required filing method of the Federal and State governments. **By law, we must receive a signed IRS Form 8879 before your return can be released, there are no exceptions.**

Our accounting and tax services are offered through Scheidel, Sullivan & Lanni, CPA LLC, (www.sscpallc.com) and our financial planning, investment management and insurance services are offered through Sierra Financial Advisors, LLC (www.sierrafinancialadvisor.com). If you have any questions regarding any of these services or if there is something you would like to discuss, please feel free to call us at (201) 236-2226 or discuss it with us during your tax meeting. We always look forward to hearing from our clients.

Our firm has an online "portal" – an electronic document management system. A copy of your return and source documents may be kept here. Instructions will be sent to you to help you access your documents. If you would like to have a portal, please contact our office.

We are also committed to assisting any friends or family that you feel could use our services. If there is anything we can do to help you, please ask! We hope that together we can make this tax filing season a great one.

Lastly, please remember that payment is due when services are rendered. We continue to accept checks but can also accept Mastercard, Visa and Discover.

Sincerely,

Scheidel, Sullivan & Lanni, CPA LLC

"Thank you For Your Continued Support and Recommendations"



SCHEIDEL, SULLIVAN & LANNI CPA LLC
Business and Financial Advisors

January 11, 2017

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the tax services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

Upon receipt of this signed letter, we will prepare your 2016 federal and resident state along with any nonresident income tax returns that you make us aware of from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will prepare the tax returns solely for filing with the Internal Revenue Service ("IRS") and state and local tax authorities. They are not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

If we do not receive your signed letter, and however, you furnish us with the information necessary to begin preparation of your return, you will be considered to engage our firm and agree to abide by the terms of this engagement letter. However, we will not file any return without receiving this signed letter.

As a result, you agree to indemnify and hold our firm and any of its partners, principals, shareholders, officers, directors, members, employees, agents or assigns harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

You agree that you will not and are not entitled to rely on any advice unless it is provided in writing.

We will prepare your returns based on your filing status (single, married filing jointly, married filing separately, head of household or qualifying widow(er) with dependent child) as reflected in your income tax returns for last year. If your marital status has changed, you want to change your filing status, or you have questions about your filing status, please contact us immediately.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We may furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist us in keeping pertinent information from being overlooked.

If you provide our firm with copies of brokerage (or investment advisory) statements, we will use the information from these statements solely in connection with the preparation of your income tax returns. We will rely on the accuracy of the information provided in the statements and will not undertake any action to

verify this information. ***We will not monitor investment activity, provide investment advice, or supervise the action of the entity or individuals performing investment activities on your behalf. We recommend you review all brokerage (or investment advisory) statements promptly and carefully, and direct any questions regarding activities on your account to your broker (or investment advisor).***

You may also be responsible for reporting certain foreign taxes, as well as reporting of any foreign income or assets to United States regulatory agencies. Substantial penalties may be assessed for failure of such reporting. Consultation on these matters is outside the scope of this engagement.

You are responsible for the timely filing of your return and any penalties and interest for late filing, regardless of whether your return is filed electronically or on paper. Therefore, carefully review the copy of your income tax return when you receive it. After you have reviewed the return, you must provide us with a signed Form 8879, IRS e-file Signature Authorization indicating that you have reviewed the return and that, to the best of your knowledge, you feel it is correct. We cannot transmit the return to the taxing authorities until you have signed and we have received the authorization. ***Therefore, if you have not provided our firm with your signed authorization “prior to April 15, 2017”, we will request an extension for your return, even though it might already have been completed.*** We may also have to request an extension if we do not receive the information required to prepare your return from you in a timely manner. Either of these delays will result in an increase in the time required and will result in a charge for the time.

In the event we request an extension for filing of your return, you will be responsible for ensuring that any payment due with the extension is timely sent to the appropriate taxing authorities. You will also be responsible for any additional costs our firm incurs arising from the extension preparation.

Unless you tell us otherwise, we will check the box on your tax return that authorizes your consent for the IRS to discuss your tax return with us. This authorization does not allow us to represent you before the IRS; it is for responding to IRS concerning any potential missing information, mathematical errors, return preparation questions, and /or obtaining return processing information from the IRS.

We now are required to electronically file all federal and state individual income tax returns. Please note that although electronic filing will require our firm (rather than you) to transmit your return to the taxing authorities, we will provide you with a copy of the income tax return on a CD disk for your review.

By your signature, you authorize us to transmit, update, and store information electronically and to transmit your information over the internet.

You should retain all the documents, receipts, canceled checks and other data that form the basis of income and deductions for at least seven years. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority.

Our engagement will be complete upon either 1) if your return is electronically filed, the filing and acceptance of your 2016 tax returns by the appropriate tax authorities or one year from the execution of this letter. As mentioned above you will be required to verify and sign a completed Form 8879, IRS e-file Signature Authorization before your returns can be filed electronically. 2) If your return is filed by mail, our services will be concluded upon the earlier of delivery to you of your 2016 tax returns for your review and filing with the appropriate taxing authorities or one year from the execution date of this letter.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are

subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services are not contingent on the results of these services but rather will be based upon the amount of time required and the difficulty of the matters addressed plus out-of-pocket expenses. **All invoices are due and payable upon receipt of our invoice.** We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our cost for collection, including attorneys' fees.

Our liability relating to the performance of the services rendered under this letter is limited solely to direct damage sustained by you. In no event shall we be liable for the consequential, special, incidental, or punitive loss, damage or expense caused to you or to any third party (including without limitation, lost profits, opportunity costs, etc.). Notwithstanding the foregoing, our maximum liability relating to services rendered under this letter (regardless of form of action, whether in contract, negligence or otherwise) shall be limited to the fees received by us for this engagement. The provisions set forth in this paragraph shall survive the completion of the engagement.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Scheidel, Sullivan & Lanni CPA LLC

ACCEPTED AND AGREED:

Taxpayer: _____ Spouse: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

During 2016 we represent that I/we:

____ Owned foreign assets or had foreign bank accounts. (*May require additional filings*)

____ Did not own foreign assets or have foreign bank accounts.

**SCHEIDEL, SULLIVAN & LANNI CPA LLC
145 N. FRANKLIN TURNPIKE, SUITE 303
RAMSEY, NEW JERSEY 07446**

PRIVACY POLICY

Your privacy is important to us. At Scheidel, Sullivan & Lanni CPA LLC, we are committed to your privacy and retaining your trust. We respect your right to keep your personal information confidential and to avoid unwanted solicitations.

Please read this to learn how we handle your personal information.

Types of Information We Collect:

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization to prepare your personal income tax returns and provide personal financial planning to you.

Examples of Sources From Which We Collect Information:

- *CLIENT INTERVIEWS, TAX RETURN ORGANIZERS, FINANCIAL PLANNING ORGANIZERS, AND FINANCIAL HISTORY QUESTIONNAIRES.* To properly prepare your income tax return or provide financial planning services, we receive information from you to complete your tax return or financial plan. This information is collected from you in written form, by phone, on line, by mail and in personal interviews and consultations conducted by us, as well as by information we collect from others with your authorization.
- *TRANSACTION INFORMATION.* This is information about your transactions with us and includes information necessary for billing and payment for our income tax preparation and financial planning services, as well as all correspondence between you and us. Transaction information would also include your payment history with us, billing records and any collection effort engaged in by us for payment of services rendered to you.

Parties To Whom We Disclose Information:

We do not disclose any nonpublic personal information about our clients or former clients to our affiliates or to nonaffiliated third parties except as permitted by law, the Code of Professional Conduct or the New Jersey Society of Certified Public Accountants (NJCPA) and Ethics Rulings of the American Institute of Certified Public Accountants (AICPA). Nonpublic personal information about you and our former clients may be disclosed to both our affiliates and nonaffiliated third parties as permitted by law, our Code of Professional Conduct, and Ethics Rulings of the AICPA, as follows:

- 1 Complying with a validly issued and enforceable subpoena or summons.
- 2 In the course of a review of our firm's practices under the New Jersey State Board of Accountancy authorization.
- 3 Initiating a complaint or responding to an inquiry made by the Professional Conduct Committee of the NJCPA, the ethics division or trial board of the AICPA or duly constituted investigative or disciplinary body of another State CPA Society or Board of Accountancy.
- 4 A review of a professional practice in conjunction with a prospective purchase, sale, or merger of all or part of our practice, provided that we take appropriate precautions (for example, through a written confidentiality agreement) so the prospective purchaser does not disclose information obtained in the course of the review.
- 5 Participating in actual or threatened legal proceedings or alternative dispute resolution proceedings either initiated by or against us, provided we disclose only the information necessary to file, pursue, or defend against the lawsuit, and take reasonable precautions to ensure that the information disclosed does not become a matter of public record.
- 6 Providing information to affiliates of the firm and nonaffiliated third parties who perform services or functions for us pursuant to a contractual agreement which prohibits the third party or affiliate from disclosing or using the information other than for the purposes for which the information was disclosed: for example, using an outside service bureau to process clients' tax returns, or using a records-retention agency to store clients' records.

General Restrictions on Disclosure of Nonpublic Personal Information to Affiliates and Nonaffiliated Third Parties

As tax preparers, we are prohibited by Internal Revenue Code Section 7216 from disclosing your income tax return information without your consent, other than for the specific purpose of preparing, assisting in preparing or obtaining and providing services in connection with the preparation of an income tax return for you. Furthermore, as a member of the NJCPA engaged in income tax preparation or financial planning, we are generally prohibited from disclosing confidential client information about you to affiliates and nonaffiliated third parties without your specific consent. (See exceptions under heading "Parties to whom we disclose information".)

Confidentiality and Security of Nonpublic Personal Information

We restrict access to nonpublic personal information about you to those employees and other parties who must use that information to provide services to you. Their right to further disclose and use the information is limited by our employee code of conduct (if applicable), applicable law, or Code of Professional Conduct and nondisclosure agreements where appropriate. We also maintain physical, electronic, and procedural safeguards in compliance with applicable laws and regulations to guard your nonpublic personal information.

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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"/>



2016

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Healthcare (continued):

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. _____ Gallons _____ Type		
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<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? If Yes, include closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
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? If Yes, provide the transaction details.	<input type="checkbox"/>	<input type="checkbox"/>
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? If Yes, enter the date received (Mo/Da/Yr). _____	<input type="checkbox"/>	<input type="checkbox"/>

Personal Residence:

Did your address change? If Yes, provide the new address.	<input type="checkbox"/>	<input type="checkbox"/>
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? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	<input type="checkbox"/>	<input type="checkbox"/>
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? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	<input type="checkbox"/>	<input type="checkbox"/>
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? If Yes, include all Forms 1098-MA.	<input type="checkbox"/>	<input type="checkbox"/>



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Sale of Your Home:

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

Gifts:

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

Foreign Matters:

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



Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<div>Yes</div>	<div>No</div>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<div></div>	<div></div>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<div></div>	<div></div>
Did you or your spouse engage in any bartering transactions?	<div></div>	<div></div>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<div></div>	<div></div>
Were you or your spouse a party to split-dollar life insurance policy?	<div></div>	<div></div>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors or trustees die or move?	<div></div>	<div></div>
Have you or your spouse entered into any tax shelter(s) such as a reportable transaction(s) or IRS Listed Transaction(s) that would require reporting/disclosing on your tax return?	<div></div>	<div></div>

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



2016

Personal Information

3

Taxpayer:

First Name and Initial		Last Name		Social Security Number	
Occupation		Date of Birth (Mo/Da/Yr)		Date of Death (Mo/Da/Yr)	
Driver's License or State-Issued ID Number		Issue Date (Mo/Da/Yr)		Expiration Date (Mo/Da/Yr) State	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

Spouse:

First Name and Initial		Last Name		Social Security Number	
Occupation		Date of Birth (Mo/Da/Yr)		Date of Death (Mo/Da/Yr)	
Driver's License or State-Issued ID Number		Issue Date (Mo/Da/Yr)		Expiration Date (Mo/Da/Yr) State	
<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		ZIP or Postal Code	
Foreign Province or County					
Foreign Country					
Taxpayer Daytime/Work Phone		Taxpayer Evening/Home Phone		Taxpayer Foreign Phone	
Taxpayer Cell Phone		Taxpayer Fax Number			
Spouse Daytime/Work Phone		Spouse Evening/Home Phone		Spouse Foreign Phone	
Spouse Cell Phone		Spouse Fax Number			
Taxpayer Email Address					
Spouse Email Address					
Preferred Method of Contact					

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

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

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

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

Personal Identification Numbers:

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

TS	State	City	Code	PIN
<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"/>

Tax Organizer Legend:



2016

Dependents and Wages

3A

Dependent Information:

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

Did dependent have income over \$4,050?



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

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

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

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

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

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

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



2016

Electronic Filing

4

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ☐

Do not electronically file the state return(s) ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

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

Taxpayer

Spouse ☐ ☐

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2016

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

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

Would you like any refunds owed to you directly deposited?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, what amount would you like withdrawn, if not the entire balance due?					
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)					
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, what amount would you like withdrawn, if not the entire balance due?					
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)					
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				

Name of bank or financial institution
Routing Transit Number (RTN)
Account number

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

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

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

Would you like any refunds owed to you directly deposited?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, what amount would you like withdrawn, if not the entire balance due?					
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)					
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, what amount would you like withdrawn, if not the entire balance due?					
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)					
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				

Name of bank or financial institution
Routing Transit Number (RTN)
Account number

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

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

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



5A

Include copies of all Forms 1099-INT or other documents for interest received

Total**Address of Individual from Whom Mortgage Interest Was Received**

**Worksheet: Interest
Form IRS-1099INT**



2016

Dividend Income

5B

Dividend Information:

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

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



2016

Business Income and Cost of Goods Sold

6

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:

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

	2016 Amount	2015 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income:

Payment card and third party transactions:

Include all Forms 1099-K

Description	2016 Amount	2015 Amount

Miscellaneous income:

Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales _____		
Less returns and allowances _____		

Cost of Goods Sold:

	2016 Amount	2015 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		
Other costs of goods sold: _____		

Description	2016 Amount	2015 Amount
Ending inventory _____		



6A

Principal Business or Profession: . . . _____

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

[illegible][illegible]

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



2016

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2016:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

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

Was your vehicle available for use during off-duty hours?

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases

Vehicle 1	
Description of vehicle	
Date placed in service	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours?	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Vehicle 2	
Description of vehicle	
Date placed in service	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours?	
2016 Miles	2015 Miles
2016 Amount	2015 Amount



2016

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

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

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

Did you have any of the following during the year?

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

Yes	No

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

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

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

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



Sale or Exchange of Your Home:

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

Former Home Information:

TSJ _____
Date acquired _____ (Mo/Da/Yr) _____
Date sold _____ (Mo/Da/Yr) _____

Selling price _____

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No

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

Mileage:

Number of miles from old home to new workplace	<div>Miles</div>
Number of miles from old home to old workplace	
Number of automobile miles in move	

Transportation Expenses:

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



9

TS

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 any IRA as security for a loan this year?

Did you have any transactions with any IRA during the year?

If Yes, explain. _____

Yes	No

Total value of all traditional IRAs on December 31, 2016

Note: This information on Form 5498 is required if you received a distribution during the year.

Outstanding rollovers on December 31, 2016

Total distributions converted to Roth IRAs

Total retirement plans converted to Roth IRAs

IRA:

Contributions in 2016 for the 2016 tax return
Contributions in 2017 for the 2016 tax return
Amount for 2016 you choose to be treated as nondeductible

Roth IRA:

Contributions made for the 2016 tax year
--	-------

--

Include all Forms 1099-R and any nontaxable distribution details

[illegible]



2016

Pension, Annuity and Retirement Plan Information

9A

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

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

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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Taxpayer	
Yes	No

Spouse	
Yes	No

Contributions to:

Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan

2016 Amount

2016 Amount



2016

Rental and Royalty Income

10

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
How many days was this property rented at fair market value?	%	
How many days was this property used personally (including use by family members)?		

Income:

Rents received
Royalties 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



10A

Location of Property: _____

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:	

[illegible][illegible]



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



2016

Miscellaneous Income, Adjustments and Alimony

13

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



2016

Miscellaneous Adjustments

13A

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

TS	2016 Amount	2015 Amount

Health Savings Accounts (HSAs)

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

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

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

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

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

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

TSJ	Nature and Source	2016 Amount	2015 Amount



2016

Itemized Deductions - Medical and Taxes

14

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



2016

Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2016:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .

If you refinance your home? (If Yes, enclose the closing statement.)

If Yes, how many years is your new mortgage loan?

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?

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?

Yes

No

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2016 Amount	2015 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount	2015 Amount

Investment Interest Expense:

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

TSJ	Paid To	2016 Amount	2015 Amount



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

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

Table with 4 columns: TSJ, Organization or Description of Contribution, 2016 Amount, 2015 Amount. Multiple rows for cash contributions.

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

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

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

Table with 4 columns: TSJ, Description of Donated Property, 2016 Amount, 2015 Amount. Rows for noncash contributions totaling \$500 or less.

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

TSJ
Description of the donated property

Donee organization name

Donee organization address

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

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

Cost or basis of the donated property
Fair market value of the donated property

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

Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

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

Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues
Tax preparation fee
Professional subscriptions
Hobby expense (To extent of income)
Safe deposit box
Uniforms and protective clothing
Work tools
Gambling losses
Estate taxes

TSJ	2016 Amount	2015 Amount

Other Itemized Deductions:

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

TSJ	Description	2016 Amount	2015 Amount

Casualty or Theft Loss:

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

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

Date acquired (Mo/Da/Yr)
Date damaged or lost (Mo/Da/Yr)
Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



2016

Employee Business Expenses

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TS: _____ Occupation: _____

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

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

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

Description	2016 Amount	2015 Amount

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

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

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

Vehicle: **Include all documentation**

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

Description of vehicle
Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No
Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

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

Other Vehicle Expenses:

Description	2016 Amount	2015 Amount



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:

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

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)

2015 overpayment applied to 2016 estimate

Tax Planning Information for Tax Year 2017:

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

A change in your marital status

☐ Yes ☐ No

A change in the number of your dependents

☐ ☐

A substantial change in your income

☐ ☐

A substantial change in your withholding

☐ ☐

A substantial change in deductions

☐ ☐

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



2016

State and City Tax Payments

20A

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 an 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 an 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 an 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



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Country of residence: _____

[illegible]

Year	Date Paid (Mo/Da/Yr)	Amount

[illegible]



DP

[illegible]



2016

New Jersey Information (Page 1 of 2)

General Information:

County or municipality of residence

How many dependents do you have attending college?

Do you qualify as disabled?

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

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

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in New Jersey for all of 2016, enter the dates you did live in New Jersey

Enter the state names other than New Jersey where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2016 tax return to:

Endangered and Nongame Species of Wildlife Conservation Fund

Children's Trust Fund

Breast Cancer Research Fund

Vietnam Veterans' Memorial Fund

USS New Jersey Educational Museum Fund

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2016 tax return:

Fund

Amount

Other contribution funds:

Drug Abuse Education Fund	Cat and Dog Spay/Neuter Fund
Korean Veterans' Memorial Fund	New Jersey Lung Cancer Research Fund
Organ and Tissue Donor Awareness Education Fund	Boys and Girls Club in New Jersey Fund
NJ - AIDS Services Fund	New Jersey National Guard Fund
Literacy Volunteers of America - New Jersey Fund	American Red Cross - NJ Fund
New Jersey Prostate Cancer Research Fund	Girl Scouts Councils in New Jersey Fund
World Trade Center Scholarship Fund	New Jersey Homeless Veterans Fund
New Jersey Veterans Haven Support Fund	Leukemia and Lymphoma Society Fund
Community Food Pantry Fund	Northern New Jersey Veterans Memorial
New Jersey Farm to School and School Garden Fund	Cemetery Development Fund
ALS Association Support Fund	Local Library Support Fund

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

Do you want \$1 to go to the Gubernatorial Election Fund?

Property Tax Reimbursement Application Information:

Property tax paid on principal residence

Rent paid on principal residence



2016

New York Information (Page 1 of 2)

General Information:

Resident county

School district name

School district code number

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? ☐ Yes ☐ No

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY

Did you receive a property tax freeze credit? ☐ Yes ☐ No

If Yes, enter the amount

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? ☐ Yes ☐ No

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City ZIP code

Foreign country

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in New York state for all of 2016, enter the dates you did live in New York

If you were not a resident of New York state for any of 2016, enter the number of days spent in the state ..

Were you a part-year resident and received New York State income during nonresidency period? ☐ Yes ☐ No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

.....
.....

Do you still maintain these living quarters in New York? ☐ Yes ☐ No

Were New York State living quarters maintained for the entire year? ☐ Yes ☐ No

Were you a New York City resident for only part of the taxable year? ☐ Yes ☐ No

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year? ☐ Yes ☐ No

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2016? ☐ Yes ☐ No

Did you reside in public housing or other residence completely exempted from real property taxes in 2016? . . . ☐ Yes ☐ No



Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account?

Yes

No

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2016 Amount Contributed

- Return a Gift to Wildlife
- Missing/Exploited Children Fund
- Breast Cancer Research Fund
- Alzheimer's Fund
- Olympic Fund (\$2 or \$4 if filing jointly)
- Prostate and Testicular Cancer Research and Education Fund
- 9/11 Memorial Fund
- Volunteer Firefighting & EMS Recruitment Fund
- Teen Health Education
- Veterans Remembrance
- Homeless Veterans
- Mental Illness Anti-Stigma Fund
- Women's Cancers Education and Prevention Fund
- Autism Fund

[illegible][illegible]



2016

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

	<div><div>Job #1</div><div>T/S ____</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div>Job #2</div><div>T/S ____</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked)		
Holidays (not worked)		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home		
Select state/city: NY, Yonkers or NY/Yonkers		

	<div><div>Job #3</div><div>T/S ____</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div>Job #4</div><div>T/S ____</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked)		
Holidays (not worked)		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home		
Select state/city: NY, Yonkers or NY/Yonkers		