PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMA	ATION														
N			NI TINI			2: 41	I D . (1			DI:		District.
Name Taxpayer			N or ITIN	Da	te of l	3irtn	Date o	OT L	eath		Occ	upation	Blir	na 7	Disabled
Spouse													 	$\dagger\dagger$	\dashv
Street Address		Apt.	City or	town			State			Zip	Code		Cou	inty	
Foreign country		Foreiç	gn provinc	ce/state						For	eign p	ostal code			
E-mail Address(es)					Hom	e Phon	ie				Mobi	ile Phone			
2 FILING STATUS															
2. FILING STATUS															
Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow(er)	_	f you li	nt (or som		•		-			dent	on the	eir return.			
3. DEPENDENTS															
3. DEPENDENTS															
Name	Relationship	Date	e of Birth	SSN or	ITIN	ı	s Lived n You	Dis	sable	1		Dependent' Gross Incon			ld Care nses Paid
		—								<u> </u>					
		+							Щ.		4		-		
		+-							\vdash	╁	+				
		+							H	1 +	+				
	-			OLIEGE	10116										
4. MISCELLANEOUS PE	RSONAL INI	·ORIV	IATION	QUEST	IONS	•									
1. Check the applicable boxes	s if you wish to	contril	bute \$3 tc	the Pre	sident	ial Flec	ction ca	mn	aign f	fund		Taxpaye	۰r	П	Spouse
The officer and applicable before	, ii you mon to	00111111	σαιο φο το	, 1110 1 10	0.00	2.00	J.1.011 00	۲۲	u.g.i i	arra.			,,		Opouco
2. Were you a victim of identi	•	-			-										No
If Yes, please furnish the	6-digit PIN issu	ued to	you by th	ne IRS .											
3. Were you (or your spouse	if filing jointly) a	a nonr	esident al	lien for a	ny pa	rt of 20	16? .					Yes			No
4. Have you received any noti	ices or correspe	onden	ces from	the IRS o	or sta	e in the	e past 3	3 tax	k yea	rs? .		Yes			No
5. Do you have any children a than \$2,100?												Yes			No
6. If any of your children are r dividends on your return?												Yes			No
7. Did you give a gift of more	than \$14,000 t	o one	or more p	people?								Yes			No

ACA Health Care Organizer 1 Does everyone in your tax household have qualified health insurance for all 12 months of 2016? ☐ Yes Tax household - Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent on your return. It also generally includes each individual you can, but do not claim as a dependent on your return. 1a If No above, please check which months your tax household had qualified health insurance in 2016. JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV Taxpayer: Spouse: Dependent: Dependent: ____ Dependent: _____ Dependent: _____ Dependent: Dependent: Dependent: ____ Dependent: ____ Dependent: Dependent: Dependent: ____ Dependent: Dependent: Dependent: Dependent: 2 Please indicate where you received your health insurance from for all members of your tax household. Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company) 3 Do you qualify for any exemptions from the individual shared responsibility payment (penalty)? ☐ Yes □ No **3a** If Yes above, have you filed for any exemptions through the government-sponsored marketplace? ☐ Yes ☐ No Please indicate below who qualifies for an exemption from the health care mandate and for which months. ALL JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC Taxpayer: Spouse: Dependent: _____ Dependent: Dependent: Dependent: _____ Dependent: _____ Dependent: ____ Dependent: Dependent: Dependent: Dependent: Dependent: Dependent: ____ Dependent: Dependent: _____ Dependent:

INCOME ORGANIZER

Please complete this Organizer before your appointment.

Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION	4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)
[
Attach W-2s:	Attach K-1s:
Employer Name Taxpayer Spouse	Payer Name Taxpayer Spouse
Unreported tip income received:	
	5. CAPITAL GAINS AND LOSSES
2 INTEREST AND DIVIDEND INCOME	Attach 1099-Bs:
2. INTEREST AND DIVIDEND INCOME	Payer Name Taxpayer Spouse
Attach 1099-INT, 1099-DIV or other statements	rayer Name raxpayer Spouse
Payer Name Taxpayer Spouse	
Taxpayer Spouse	
l	
l	
	6. OTHER INCOME
	Description Amount
	State income tax refund
	Alimony received
	Unemployment compensation
	Gambling winnings
3. RETIREMENT DISTRIBUTIONS	Jury pay
	Hobby income
Attach 1099-R & 5498 Roth Other	Scholarships (grants)
Payer Name IRA IRA Taxpayer Spouse	NOL Carryforward
	Child support
Attach SSA 1099 or RRB 1099	
Tes No	
Did you receive social security benefits?	
Did you receive railroad retirement benefits?	
7. MISCELLANEOUS INCOME QUESTIONS	
1. Did you sell your home?	
2. Did you earn any foreign income or paid any foreign taxes?	
3. Do you have a health savings account (HSA), Archer MSA or Medi	icare Advantage (MA) MSA? Yes No
4. Did you have a financial account in a foreign country (i.e. bank account in a forei	
If Yes, did the aggregate value of all financial accounts exceed \$	
5. Did you have any debt forgiven (i.e. student loans, home mortgage	e, etc.)?

BUSINESS INCOME AND EXP	PENSES (Sche	dule C,)						
Indicate the owner of this busine Business Name:	ess: 🗓 Tax	payer		Spouse	e 🔲 Joi	nt			
Business product or service:									—
Business Address:									
City, State, and Zip Code:									_
Did you start or acquire this bus	iness during 20	1167	ΠYes		<u> </u>				_
Accounting Method:					er (describe)				
Method used to value inventory	: Cost				narket	er (des	cribe)		
Income and Cost of Goods S	old					201	6 Amount	2015 Amou	ınt
Gross receipts or sales									
Returns and allowances									
Other income (enclose descrip									
Inventory at beginning of year									
Purchases less cost of items v									
Cost of labor									
Materials and supplies									
Other costs									
Inventory at end of year	<u> </u>								
Expenses	2016 Amount	2015	Amount				2016 Amou	ınt 2015 Amo	unt
Advertising				Taxes	and licenses .				
Commissions and fees									
Contract labor					and entertainme				
Depletion				Utilities	8				
Employee benefits									
Insurance (other than health)									
Mortgage interest									
Other interest									
Legal and professional fees.									
Office expenses									
Pension and profit sharing.									
Rent - Vehicle, machinery									
Rent - Other									
Repairs and maintenance									
Supplies				Amor	tization				
Vehicle Information									
			Date pla	ced in s	ervice		Cost or ba	asis	
Business miles	Con	nmutin	a miles			Othe	ooolo.st		
Vehicle description Business miles Actual expenses such as gas,	oil, repairs, etc) 	9		Parking fees a	and toll	s		
January Parkers					3				
Sales, Purchases, and Dispos Asset description					ose detailed listing of a Purchase price			Sales Price	
Asset description			Date a	cquirea	Purchase price	e L	ate sold	Sales Price	е
						+			
Business Use of Home									
Area used exclusively for busing Was the home used as a day of	ness		Total are	ea of hor	me	_			
	care facility?		es 🗌	No	Date home plac	ed in s	service		
		rance				Ren	-		
Mortgage interest			d mainte				of home		
Real estate taxes paid	U <u>tili</u> t	ies and	d other e	xpenses		Valu	e of land		
Carryover of unallowed expenses	to 2016	Yes	∐ No	(if yes, ente	er amount)		_		
		01	/05/2017	10:35:3	32AM				

RENTAL AND ROYALTY INCOME AND EXPENSE	S (Schedule E, p	g 1)		
Indicate the owner of this property:	Spouse	☐ Join	t	
Description of property				
Location of property				
Did you or your family use this property during the t				
than the greater of: (a) 14 days, or (b) 10% of th	e total days rente	d at fair market	value?	s No
Did you meet the Active Participation requirements (To meet these requirements, you must have participated in maki	ng management decis	ions or arranged for	☐ Ye	s 🗌 No
others to provide services in a significant and bona fide sense. S new tenants, deciding on rental terms, approving repair expenditu	such management dec ures, or other similar d	isions include approvi ecisions)	ng	
Was this property fully disposed of during 2016?			☐ Ye	s 🗌 No
Income			2016 Amount	2015 Amount
Rents received		L		
Royalties received				
Expenses			2016 Amount	2015 Amount
Advertising		-	2016 Alliount	2015 Amount
Cleaning and maintenance				
Commissions				
Insurance				
Legal and other professional fees				
Management fees				
Mortgage interest paid to banks				
Other interest				
Repairs		t t		
Supplies				
Taxes		[
Utilities		[
Other				
Section 481(a) adjustment				
Vehicle Information	5		0 1 1	
Vehicle description	Date placed in s	ervice	Cost or ba	asis
Vehicle description Commuting Business miles Commuting Actual expenses such as gas, oil, repairs, etc	miles	Oth	er miles	
Actual expenses such as gas, oil, repairs, etc		_ Parking fees	and tolls	
Travel expenses				
Sales, Purchases, and Disposition of Assets in 26 (New clients, enclose detailed listing of all depreciable assets.)	016			
Asset description	Date acquired	Purchase price	Date sold	Sales price
			1	

DEDUCTIONS ORGANIZERPlease complete this Organizer before your appointment. Itemized Deduction Organizers are on separate pages.

1. EDUCATION		
Attach 1098-Ts, 1098-E's and	1099-O's	Student Loan Books, Supplies
Student Name	Educational Institution	Fr So Jr Sr Oth Tuition & Fees Interest Paid & Equipment 529 Plan
2. JOB-RELATED MOVII	NG EXPENSES	4. OTHER DEDUCTIONS
2. 000 K22/125 M0 VI	TO EXI LITOLO	THE CHIER DEDOCTIONS
Description	Amount	t Description Amount
•	<u></u>	Educator expenses
, , ,	<u></u>	
Mileage		Health Savings Account contributions
•		
	new workplace	
1	orkplace	Foreign qualified housing expenses
		Contributions to College 529 Savings Plan .
		Other
3. IRA CONTRIBUTIONS	6	Other
		Other
Description	Amount	t Other
Contributions to a Traditiona	I IRA	Other
Contributions to a ROTH IRA	<u></u>	Other
	· · · · · · · · · · · · · · · · · · ·	
5. MISCELLANEOUS DE	DUCTION QUESTIONS	
1. Did you purchase an item(s	s) during 2016 for which you p	paid a large amount of sales tax?
2. Did you refinance a mortga	ge during 2016?	

ledical and Dental Ex	penses (not including r	eimbursements)		1	016 nount	2015 Amount
Medical/dental care ins	urance premiums (oth	er than self-empl	oved)			
Medicare B and D pren						
Qualified long-term car						
Doctor, dentist, and hos						
Prescription medicines						
Medical aids such as ey						
Total transportation exp						
Other medical and den	al expenses					
axes Paid				1 2	2016	2015
axes i aiu				1	nount	Amount
State and local income	taxes paid (other tha	n withholdings an	d estimates)			7
Actual state and local						
Real estate taxes	•					
Personal state/local prop						
		· ,				
nterest Paid				1	2016	2015
				An	nount	Amount
Home mortgage intere						
Home mortgage intere	st paid to individual.					
Individual's name						
Individual's address						
Individual's address Individual's ID number		THA DUC or n	wit code)			
Individual's address Individual's ID number Qualified mortgage ins	•	•	•			
Individual's address Individual's ID number	•	•	•			
Individual's address Individual's ID number Qualified mortgage ins	•	•	•			
Individual's address Individual's ID number Qualified mortgage ins Investment interest ex	pense		•			
Individual's address Individual's ID number Qualified mortgage ins Investment interest ex	ponal lines are needed, attach		•			
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp	ponal lines are needed, attach			butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Bifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Bifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Gifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV
Individual's address Individual's ID number Qualified mortgage ins Investment interest exp Bifts to Charity (If additional contributions of cash contributions)	onal lines are needed, attach	similar statement)	Noncash contrib	butions	Date give	en FMV

Casualty and Theft Losses (for property damaged							
Enclose supporting documentation of what is written here, i.e			f repairs.				
(If additional losses were incurred, please attach a separate	e sheet of paper with th		Residential property				
Location of property:							
Description of property:		Federal Disaster					
Date of loss:		Federal Disaster					
Amount of damage Cost be	asis of property		Renair Costs				
Insurance reimbursement FMV of	nronerty hefore los		Other				
Amount of damage Cost by Insurance reimbursement FMV of Federal monies received FMV of	property after loss		Other				
Unreimbursed Employee Business Expenses	T = Taxpaver	S = Spouse T	or S				
(if any depreciable assets were sold (including the vehicle), please see w		<u>o - opouco</u>	0. 0				
Dues (related to job)	Vehicle	Information					
Subscriptions related to your work	Vehicle	e description					
Licenses and regulatory fees	Date p	laced in service					
Tools and supplies used in your work	Cost o	r basis					
Work clothes, uniforms if required			_				
Medical exams required by your employer	Miles	of vehicle					
Work related education (books, tuition)	Bus	siness miles					
Legal fees related to your job	Cor	nmuting miles					
Job search expenses (current occupation)	Oth	er miles					
*In home office:							
Total square footage	-	Expenses Actual expenses					
Office square footage	Λ ct						
· · · · · · · · · · · · · · · · · · ·							
Office square footage	(g	as, oil, repairs, etc)		_			
Office square footage Rent	<i>(g</i> Par	as, oil, repairs, etc) king fees and tolls		_			
Office square footage Rent	<i>(g</i> Par		· · · · · · · · · · · · · · · · · · ·	_ 			
Office square footage Rent	<i>(g</i> Par	as, oil, repairs, etc) king fees and tolls		_ _ _			
Office square footage Rent	<i>(g</i> Par Tra	as, oil, repairs, etc) king fees and tolls vel expenses	·	_			
Office square footage Rent	<i>(g</i> Par Tra	as, oil, repairs, etc) king fees and tolls vel expenses		_ _ _			
Office square footage Rent Insurance Utilities Repairs/Maintance *Questions relating to mortage interest, taxes, and casua Sales, Purchases, and Disposition of Assets in	(g Par Tra alty losses were asked	as, oil, repairs, etc) king fees and tolls vel expenses		_			
Office square footage Rent	(g Par Tra alty losses were asked 2016	as, oil, repairs, etc) king fees and tolls vel expenses previously		_			
Office square footage Rent Insurance Utilities Repairs/Maintance *Questions relating to mortage interest, taxes, and casua Sales, Purchases, and Disposition of Assets in	(g Par Tra alty losses were asked 2016	as, oil, repairs, etc) king fees and tolls vel expenses		_			
Office square footage Rent	(g Par Tra alty losses were asked 2016	as, oil, repairs, etc) king fees and tolls vel expenses previously		_			
Office square footage Rent	(g Par Tra alty losses were asked 2016	as, oil, repairs, etc) king fees and tolls vel expenses previously		_			
Office square footage Rent	(g Par Tra alty losses were asked 2016	as, oil, repairs, etc) king fees and tolls vel expenses previously		_			
Office square footage Rent	(g Par Tra alty losses were asked 2016	as, oil, repairs, etc) king fees and tolls vel expenses previously		_			
Office square footage Rent	(g Par Tra alty losses were asked 2016 Date acquired	as, oil, repairs, etc) king fees and tolls vel expenses previously Purchase price	Date sold	_			
Office square footage Rent	(g Par Tra alty losses were asked 2016 Date acquired	as, oil, repairs, etc) king fees and tolls vel expenses previously	Date sold	_			
Office square footage Rent	(g Par Tra alty losses were asked 2016 Date acquired Othe Gam	as, oil, repairs, etc) king fees and tolls vel expenses previously Purchase price r Misc. Deduction bling losses	Date sold	Sales price			
Office square footage Rent	(g Par Tra alty losses were asked 2016 Date acquired Othe Gam Estat	es, oil, repairs, etc) king fees and tolls vel expenses previously Purchase price r Misc. Deduction bling losses e tax deduction (in	Date sold ns respect of a decede	Sales price			
Office square footage Rent	(g Par Tra alty losses were asked 2016 Date acquired Othe Gam Estat Portf	r Misc. Deduction bling losses e tax deduction (in olio from Schedule	Date sold ns respect of a deceded K-1	Sales price			
Office square footage Rent	/ Par Translate / Par Translat	es, oil, repairs, etc) king fees and tolls vel expenses previously Purchase price r Misc. Deduction bling losses e tax deduction (in olio from Schedule covered investment i	Date sold ns respect of a decede K-1 n a pension	Sales price			
Office square footage Rent	/ Othe State Portf Unrece Amore	r Misc. Deduction bling losses e tax deduction (in color from Schedule covered investment itizable premium on	Date sold ns respect of a decede K-1 n a pension taxable bonds	Sales price			
Office square footage Rent	Game Continue Co	r Misc. Deduction bling losses e tax deduction (in olio from Schedule covered investment i tizable premium on ed persons work expense	Date sold ns respect of a decede K-1 n a pension taxable bonds	Sales price			
Office square footage Rent	Game Came	Purchase price Purchase price In Misc. Deduction bling losses e tax deduction (in color from Schedule covered investment in tizable premium on ed persons work expension	Date sold Tespect of a decede K-1 In a pension taxable bonds ses	Sales price			
Office square footage Rent	Q Par Tra alty losses were asked alty losses were asked alto acquired Date acquired Gam Estat Portf Unrecent Amor Disable Othe Othe Othe Othe Othe Othe Othe Oth	Purchase price Purchase price r Misc. Deduction bling losses e tax deduction (in colio from Schedule covered investment i tizable premium on ed persons work expens r	Date sold Tespect of a decede K-1 In a pension Itaxable bonds Sees	Sales price			

CREDITS ORGANIZER

Please complete this Organizer before your appointment.

Earned Income Credit Organizer is on a separate page.

1. CHILD CARE CREE	DIT				
Attach Daycare Provider State Care Provider Name	atement(s): Address	Tax-Exempt			
2. RESIDENTIAL ENE	RGY CREDIT				
Description	Amount	Description			Amount
Solar water heating Small wind energy Geothermal heat pump . Fuel cell property Insulation material Exterior doors	rovements for your main home in the Unit	Exterior windows Electric heat pum Natural gas, prop Biomass fuel stor Natural gas, prop Advanced main a	and skylights ap or central ai cane or oil wate ve cane or oil furn air circulating f	r conditioner er heater ace	☐Yes ☐No
3. MISCELLANEOUS	CREDIT QUESTIONS				
2. Are you currently repayi	es related to the adoption of an eligible ching the First-Time Homebuyer Credit? e) have a social security number that allow				Yes No Yes No Yes No
4. Were you issued a Mort	gage Credit Certificate (MCC) by a state or	r local governmental	unit or agency	?	□Yes □No

PAYMENTS AND BANKING ORGANIZER

Please complete this Organizer before your appointment.

Federal estimated payments		Date Paid	Amount Paid
Applied from 2015 federal refund		Dato i aia	7 tinoditi i did
1st quarter payment			
2nd quarter payment			
3rd quarter payment			
4th quarter payment			
tal qualital paymont			
State estimated payments State Name:		Date Paid	Amount Paid
Applied from 2015 state refund		Dato Fara	7 iiii Gaine i Gia
1st quarter payment			
2nd quarter payment			
3rd quarter payment			
4th quarter payment			
4. II qualter payment			
Local estimated nayments Locality Name:		Date Paid	Amount Paid
Local estimated payments Locality Name: Applied from 2015 state refund			
• •			
1st quarter payment			
2nd quarter payment			
3rd quarter payment			
4th quarter payment			
2. REFUND INFORMATION			
1. Would you like to have any refunds directly deposited into your bank account	nt?		. Yes No
Bank Account Ban	nk Account		
	nership	☐ Taxpayer ☐ S	pouse Joint
	=	Checking S	
_ s s g _ carmigo	ik name	Checking S	avings
	iting number		
	ount number		
			
	ount outside the j	urisdiction of the Unit	ed States? 🔲 Ye
Account outside the jurisdiction of the United States?			
,			
Account outside the jurisdiction of the United States? Yes Acc 3. COMMENTS			
,			
,			
,			
,			
·			
·			
·			
·			
·			
·			
·			