

**F** WhippleWood CPAs PC  
**R** 11852 Shaffer Drive, Building B  
**O** Littleton, CO 80127  
**M** 303-989-7600 FAX: 303-989-5810

## **2016 TAX ORGANIZER**

**T**  
**O**

**This tax organizer has been prepared for your use in gathering the information needed for your 2016 tax return.**

**To save you time, selected information from your 2015 tax return has been entered in this organizer. Please line through any information that does not apply to your 2016 tax return.**

**In some cases, 2015 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

303-989-7600

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**F  
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**2016 TAX ORGANIZER**

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 Littleton, CO 80127  
 303-989-7600 FAX: 303-989-5810

**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

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**Questions (Page 1 of 5)**

**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? \_\_\_\_\_

Are you married? \_\_\_\_\_

    If Yes, do you and your spouse want to file separate returns? \_\_\_\_\_

    If No, are you in a domestic partnership, civil union, or other state-defined relationship? \_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer? \_\_\_\_\_

Did you or your spouse serve in the military or were you or your spouse on active duty? \_\_\_\_\_

**Dependents:**

Were there any changes in dependents from the prior year? \_\_\_\_\_

    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? \_\_\_\_\_

Do you have any children under age 18 with unearned income more than \$1,050? \_\_\_\_\_

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? \_\_\_\_\_

Did you adopt a child or begin adoption proceedings? \_\_\_\_\_

Are any of your dependents non-U.S. citizens or non-U.S. residents? \_\_\_\_\_

**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? \_\_\_\_\_

    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 exemptions 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? \_\_\_\_\_

Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? \_\_\_\_\_

Did you apply for an exemption through the Marketplace? \_\_\_\_\_

If Yes, provide the Exemption Certificate Number. \_\_\_\_\_

Are any of your dependents required to file a tax return? \_\_\_\_\_

**Questions (Page 2 of 5)**

**Healthcare (continued):**

**Yes    No**

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_

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? \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  
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)? \_\_\_\_\_

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?  
If Yes, include Form 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? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

**Education:**

Did you or your spouse pay any student loan interest? \_\_\_\_\_

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? \_\_\_\_\_

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? \_\_\_\_\_

If Yes, include all Forms 1099-Q.

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_

**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? \_\_\_\_\_

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? \_\_\_\_\_

Did you or your spouse make any large purchases, such as motor vehicles and boats? \_\_\_\_\_

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? \_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? \_\_\_\_\_

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? \_\_\_\_\_

If Yes, provide the number of gallons 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? \_\_\_\_\_

Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? \_\_\_\_\_

**Questions (Page 3 of 5)**

**Investments:**

**Yes    No**

Did you or your spouse have any debts canceled, forgiven or refinanced? \_\_\_\_\_

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? \_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? \_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate? \_\_\_\_\_

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? \_\_\_\_\_

Did you or your spouse engage in any put or call transactions? \_\_\_\_\_

If Yes, provide the transaction details.

Did you or your spouse close any open short sales? \_\_\_\_\_

Did you or your spouse sell any securities not reported on Form 1099-B? \_\_\_\_\_

**Retirement or Severance:**

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? \_\_\_\_\_

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? \_\_\_\_\_

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? \_\_\_\_\_

Did you or your spouse retire or change jobs? \_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation? \_\_\_\_\_

If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

**Personal Residence:**

Did your address change? \_\_\_\_\_

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job? \_\_\_\_\_



Did you or your spouse claim a homebuyer credit for a home purchased in 2008? \_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? \_\_\_\_\_

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.

\_\_\_\_\_

Did you or your spouse take out a home equity loan? \_\_\_\_\_

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.

\_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? \_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments? \_\_\_\_\_

If Yes, include all Forms 1098-MA.

**Questions (Page 4 of 5)**

**Sale of Your Home:**

**Yes    No**

Did you sell your home? \_\_\_\_\_

Did you receive Form 1099-S? \_\_\_\_\_

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? \_\_\_\_\_

Did you or your spouse ever rent out the property? \_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes? \_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years? \_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_ 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? \_\_\_\_\_

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? \_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount? \_\_\_\_\_

Did you or your spouse have a life insurance trust? \_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? \_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity? \_\_\_\_\_

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? \_\_\_\_\_

Were you or your spouse 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? \_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust? \_\_\_\_\_

Did you or your spouse own any foreign financial assets? \_\_\_\_\_

Questions (Page 5 of 5)

Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

\_\_\_\_\_

Did you or your spouse receive unreported tip income of \$20 or more in any month?

\_\_\_\_\_

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?

\_\_\_\_\_

Did you or your spouse engage in any bartering transactions?

\_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

\_\_\_\_\_

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

\_\_\_\_\_

**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

Driver's License     State-Issued ID     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

Driver's License     State-Issued ID     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 

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

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

Are you considered legally blind per IRS regulations? ..... 

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

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

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

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

Yes	No
<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

**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



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
T							
S							



2016

### Electronic Filing

#### 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? Yes No
Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No
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 state return(s) using electronic withdrawal? Yes No
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 federal return using electronic withdrawal? Yes No
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

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? Yes No
Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No
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 state return(s) using electronic withdrawal? Yes No
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 federal return using electronic withdrawal? Yes No
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

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.







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					
<b>Total</b>					

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		
<b>Total</b>		

**Enter Any Additional Information:**


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



## Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....		
Exchange of any securities or investments for something other than cash .....		
Sales of inherited property .....		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....		
Commodity sales, short sales or straddles .....		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....		
Debts that became uncollectible .....		
Securities that became worthless .....		
Sale of any property where you will receive payments in future years .....		

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

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

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

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



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

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

TSJ	Nature and Source	2016 Amount	2015 Amount
T			
T			



2016

**Itemized Deductions - Medical and Taxes**

14

**Medical and Dental Expenses:**

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 .....

TSJ	2016 Amount	2015 Amount

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

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

TSJ	2016 Amount	2015 Amount

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:**

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Home Mortgage Interest Paid To Financial Institutions:**

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

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2016 Amount	2015 Amount
	Name	Address			

**Deductible Points:**

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

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount	2015 Amount

**Investment Interest Expense:**

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

TSJ	Paid To	2016 Amount	2015 Amount



2016

**Itemized Deductions - Contributions**

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

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

TSJ	Organization or Description of Contribution	2016 Amount	2015 Amount

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

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

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

TSJ	Description of Donated Property	2016 Amount	2015 Amount

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

TSJ \_\_\_\_\_

Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

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

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

Cost or basis of the donated property

Fair market value of the donated property

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

Appraisal     
  Thrift shop value     
  Catalog     
  Comparable sale

Other - please explain \_\_\_\_\_

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

Purchase     
  Gift     
  Inheritance     
  Exchange



2016

**Federal Tax Payments**

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**Refund Application:**

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

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

**Federal Estimated Tax Payments:**

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

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

2015 overpayment applied to 2016 estimate .....

**Tax Planning Information for Tax Year 2017:**

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

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

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






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 .....



2016

Colorado Information

**General Information:**

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

If you live in a special use tax district, enter the name of the district . . . . . \_\_\_\_\_

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

**Residency Information:**

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

If you did not live in Colorado for all of 2016, enter the dates you did live in Colorado . . . . . \_\_\_\_\_

Enter the state names other than Colorado where you had income . . . . . \_\_\_\_\_

**Education Savings:**

Yes	No
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Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account? . . . . .

If Yes, enter the following:

TS	Account Holder Name	Account Holder Social Security Number	Account Number	2016 Amount Contributed

**Voluntary Contributions:**

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

Nongame and Endangered Wildlife Cash Fund . . . . .	<input type="text"/>	Round Up River Ranch Fund . . . . .	<input type="text"/>
Colorado Domestic Abuse Program Fund . . . . .	<input type="text"/>	9Health Fair Fund . . . . .	<input type="text"/>
Homeless Prevention Activities Program Fund . . . . .	<input type="text"/>	Colorado Youth Corps Association Fund . . . . .	<input type="text"/>
American Red Cross Colorado Disaster Response Readiness and Preparedness Fund . . . . .	<input type="text"/>	Public Education Fund . . . . .	<input type="text"/>
Western Slope Military Veterans' Cemetery Fund . . . . .	<input type="text"/>	Colorado Healthy Rivers Fund . . . . .	<input type="text"/>
Pet Overpopulation Fund . . . . .	<input type="text"/>	Alzheimer's Association Fund . . . . .	<input type="text"/>
Colorado for Healthy Landscapes Fund . . . . .	<input type="text"/>	Colorado Cancer Fund . . . . .	<input type="text"/>
Habitat for Humanity of Colorado Fund . . . . .	<input type="text"/>	Make-A-Wish Foundation of Colorado Fund . . . . .	<input type="text"/>
Military Family Relief Fund . . . . .	<input type="text"/>	Unwanted Horse Fund . . . . .	<input type="text"/>
Special Olympics of Colorado Fund . . . . .	<input type="text"/>	Colorado Multiple Sclerosis Fund . . . . .	<input type="text"/>

**Enter Any Additional Colorado Information:**
