

## 2016 Summary Organizer Personal and Dependent Information

### Personal Information

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

#### Marital Status at end of 2016

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

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

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

### Dependent Information

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

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

### Estimates

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

### Appointment Information & Notes

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

#### Notes

### Income

Name:

SSN:

#### Wages & Salaries

Attach all copies of Form W-2

Employer name	2016 federal wages	2015 federal wages

#### Retirement

Attach all copies of Form 1099-R

Payer name	2016 distribution	2015 distribution

#### Form 1099-Misc Income

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

Payer name	2016 amount	2015 amount

### Other Income and Adjustments

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

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

#### Other Income

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Alimony received . . . . .	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2016 . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid		_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Contributions made to a myRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

#### Job-related Moving Expenses

	2016	2015
Number of miles from old home to old workplace . . . . .	_____	_____
Number of miles from old home to new workplace . . . . .	_____	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____
<input type="checkbox"/> This was a military move		

### Schedule A - Itemized Deductions

Name:

SSN:

#### Medical and Dental Expenses

	2016	2015
Health insurance premiums (paid by you)		
Long-term care premiums (you)		
Long-term care premiums (your spouse)		
Long-term care premiums (dependents)		
Mileage driven for medical purposes		
Medical and dental expenses (list)		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

#### Taxes Paid

State and local income taxes		
Sales tax		
Real estate taxes		
Personal property taxes		
Other taxes (list)		
_____		
_____		
_____		

#### Interest paid

Mortgage interest paid (attach Form 1098)		
Mortgage interest paid to an individual		
Paid to:		
Name	_____	
Address	_____	
City, State, ZIP	_____	
SSN or EIN	_____	
Qualified mortgage insurance premiums		
Investment interest		

#### Charitable Contributions

	2016	2015
Donations to charity (cash)		
Miles driven for charitable purposes		
Donations to charity (noncash)		
If noncash donations are greater than \$500, list below.		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

#### Job Expenses & Certain Misc. Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
Tax preparation fees		
Other nonpersonal expenses related to taxable income (list)		
_____		
_____		
_____		
_____		
Investment expenses not entered elsewhere		

#### Other Misc. Deductions

Amortizable bond premiums		
Federal estate tax		
Gambling losses		
Impairment-related work expenses		
Claim repayments		
Unrecovered pension investments		
Schedule K-1		
Ordinary loss debt instrument		

**Schedule C - Profit or Loss from Business**

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

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

**General Business Information**

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

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

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

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

**Income**

	2016	2015		2016	2015
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Income from Form(s) 1099-MISC. . . . .	_____	_____		_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

**Expenses**

	2016	2015		2016	2015
Advertising . . . . .	_____	_____	Travel . . . . .	_____	_____
Car & truck expenses . . . . .	_____	_____	Total meals & entertainment . . . . .	_____	_____
Commissions & fees . . . . .	_____	_____	Utilities . . . . .	_____	_____
Contract labor . . . . .	_____	_____	Wages . . . . .	_____	_____
Depletion . . . . .	_____	_____	Other expenses . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____		_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Mortgage interest . . . . .	_____	_____		_____	_____
Other interest . . . . .	_____	_____		_____	_____
Legal & professional services . . . . .	_____	_____		_____	_____
Office expenses . . . . .	_____	_____		_____	_____
Pension & profit sharing plans . . . . .	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____		_____	_____
Rent (other business property) . . . . .	_____	_____		_____	_____
Repairs & maintenance . . . . .	_____	_____		_____	_____
Supplies . . . . .	_____	_____		_____	_____
Taxes & licenses . . . . .	_____	_____		_____	_____

**Cost of Goods Sold**

	2016	2015		2016	2015
Inventory at beginning of year . . . . .	_____	_____	Materials & supplies . . . . .	_____	_____
Purchases . . . . .	_____	_____	Other costs . . . . .	_____	_____
Cost of personal use items . . . . .	_____	_____	Inventory at end of year . . . . .	_____	_____
Cost of labor . . . . .	_____	_____	<input type="checkbox"/> There was a change in inventory method		

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

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

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

**General Property Information**

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

**Select the property type**

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

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

If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy? \_\_\_\_\_

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

**Income**

	2016	2015		2016	2015
Rent Income . . . . .	_____	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____	_____
Rental income from Form(s) 1099-MISC _____	_____	_____	Royalties from Form(s) 1099-MISC _____	_____	_____

**Expenses**

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