Form ID: 1040		Perso	nal Information			1
Mark if you we	status code (1 = Single, 2 = Marrie ere married but living apart al onresident alien spouse does	l year			er))	[1] [2] [3]
			Taxpayer		Spous	е
Social security	number		[4]	=		[5]
First name			[6]			[7]
Last name			[8]			[9]
Occupation			[10]			[11]
	00 to the presidential election	campaign fund? (1 = '	Yes, 2 = No, 3 = Blank) [12]			[14]
•	dent of another taxpayer		[15]			[16]
	income less than 1/2 suppor	t age 18 or 19 - 23 ful	l-time student? (ץ, ላኒ፣ን]			
Mark if legally	blind		[20]			[21]
Date of birth		_	[22]			[24]
Date of death		_	[26]			[27]
Work/daytime	telephone number/ext num	ber	[28][29]		[30]	[31]
Home/evening	telephone number		[32]			[33]
Do you authori	ize us to discuss your return v	with the IRS? (Y, N)	[34]			
		Present	t Mailing Address			
Address			<u> </u>			[38]
Apartment nur	mber					[39]
	tal code, zip code			[40]	[41]	[42]
Foreign countr	-					 [44]
In care of addr						 [47]
		Depend	dent Information			
	(*	Please refer to Depe	endent Codes located at	the bottom)	Months**Dep	Care
First Name	[48] Last Name	Date of Birth	Social Security No.	Relationship	in Codes home * **	
			<del>-</del>			
			<del>-</del>			
			<del>-</del>			
			<u> </u>			
			<u> </u>			
			<u> </u>			
			<u> </u>			<u> </u>
			<u> </u>			
Name of child	who lived with you but is not	your dependent				[49]
Social security	number of qualifying person					[50]
		Dor	pendent Codes			
*Basic	1 = Child who lived with yo		**Other 1 = Stud	ont (Ago 10 - 22)		
Dasic	2 = Child who did not live v			bled dependent		
		vitii you		•		icablad
	3 = Other dependent		=	endent who is both	a student and di	sabied
	5 = Qualifying child for Earl		=	• "		
	6 = Children who lived with	_	=			
	7 = Children who lived with	_	=		- "	
	8 = Children who lived with	_	ality for Child Tax Credit	t or Earned Income	Credit	
***Month	n₹7 = Reported on odd year					
	88 = Reported on even yea					
	99 = Not reported on retur	n				

Form ID: 1040

# **Client Contact Information**

### **Preparer - Enter on Screen Contact**

2

Tax matters person (Indicate which spouse handles tax return related ques	stions) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21]
Pager number	 [14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24
Extension	[17]	[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

## **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Financial institution routing transit number					[1]
Name of financial institution					[2]
Your account number					[3]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)					[4]
Mark if married filing jointly and this is a joint account (Both taxpay		1)			[5]
Mark if financial institution is foreign based (Not located in the territor					[6]
Enter the maximum dollar amount, or percentage of total refun	d Dollar	[7]	or P	ercent (xxx.xx)	[8]
Secondary account #1:					
Financial institution routing transit number					[23]
Name of financial institution					[24]
Your account number					[25]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)					[26]
Mark if married filing jointly and this is a joint account (Both taxpa)	yer and spouse names are on the account	:)			[27]
Mark if financial institution is foreign based (Not located in the territor	rial jurisdiction of the United States)				[28]
Enter the maximum dollar amount, or percentage of total refun	d Dollar	[9]	or P	ercent (xxx.xx)	[10]
Secondary account #2:					
Financial institution routing transit number				_	[29]
Name of financial institution				<u></u>	[30]
Your account number					[31]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		-			[32]
Mark if married filing jointly and this is a joint account (Both taxpay	yer and spouse names are on the account	:)			 [33]
Mark if financial institution is foreign based (Not located in the territor					[34]
Enter the maximum dollar amount, or percentage of total refun				ercent (xxx.xx)	[14] n.
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA account	ngs Bond Purchases	epted by the	bank o	or financial institution	n.
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA account	ngs Bond Purchases rings bonds and registered for th your refund, if applicable,	up to the	ree comple	different perso	ns. If you wo
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA account Refund - U.S. Series I Saviatax refund may be used to buy up to \$5,000 of U.S. Series I Savio purchase U.S. Series I Savings bonds (in increments of \$50) will lease note you may enter only one name per registration (with	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like to	up to the please coint return	ree complens) a	different personete the following must enter	ns. If you wo ng informati the party's g
Refund - U.S. Series I Savional Refund	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered allow.  Dollar	up to the please coint return	ree complens) a	different personete the following must enter use bonds ted on the return.	ns. If you wo ng informati the party's g
Refund - U.S. Series I Savi tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar	up to the please coint return used to pu	ree complete and the complete	different personete the followind must enter use bonds ted on the return.	ns. If you wong informati
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Sav  purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with eme, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen the bonds will be registered to the name(s) on the return. For married filing joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  and information for someone other than taxpayer and spouse, if re Maximum dollar amount (up to \$5,000), or percentage of refund	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar	up to the please coint return used to pu	ree complete and the complete	different personete the following must enter use bonds ted on the return.	ns. If you wong informati the party's g
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with me, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen the bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both and information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last)	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar	up to the please coint return din both nar	ree complete state of the state	different personete the followind must enter use bonds ted on the return.	ns. If you wong informati
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Sav purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with time, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last)	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing journs this means the bonds will be registered elow.  Dollar  married filing jointly used to purchase bonds.	up to the please coint return din both nar	ree complete state of the state	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informati
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last)	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state means the bonds will be registered elow.  Dollar  married filing jointly used to purchase bonds	up to the please coint return din both nar	ree complete state of the state	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informatithe party's g
Refund - U.S. Series I Savi tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like us this means the bonds will be registered elow.  Dollar	up to the please coint return din both nar	ree complete state of the state	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informatithe party's g
Refund - U.S. Series I Savi tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filing joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like us this means the bonds will be registered elow.  Dollar	up to the please continuity of the please to put in both narrow [11]	ree compliants) a	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informati the party's g
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filling joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  Ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last)	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like us this means the bonds will be registered elow.  Dollar	up to the please coint return [11]	ree (complete or or or	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informati the party's g
Refund - U.S. Series I Savi  tax refund may be used to buy up to \$5,000 of U.S. Series I Savi purchase U.S. Series I Savings bonds (in increments of \$50) wi ease note you may enter only one name per registration (with ame, do not use nicknames.  dicate either a maximum dollar amount (up to \$5,000), or percen The bonds will be registered to the name(s) on the return. For married filing joint return To register the bonds separately, leave these fields blank and use the fields provided be Enter either a dollar amount or percent, but not both  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary  ond information for someone other than taxpayer and spouse, if r Maximum dollar amount (up to \$5,000), or percentage of refund	ngs Bond Purchases rings bonds and registered for th your refund, if applicable, exception of married filing joutage of refund you would like the state of the bonds will be registered elow.  Dollar  married filing jointly used to purchase bonds  [36] [38]	up to the please coint return [11]	ree (complete or or or	different personete the followind must enter use bonds ted on the return.  Percent (xxx.xx)	ns. If you wong informati the party's g

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file t To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS Taxpayers may choose to file a paper return instead of filing electronically.	
Mark if you want to file a paper return even if you qualify for electronic filing	[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension)  If 1 or 2, please provide email address on Organizer Form ID: Info	[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your	
financial institution account	[9]
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Number (PIN)	[7]
Spouse self-selected Personal Identification Number (PIN)	[8]

**Electronic Filing** 

4

# **NOTES/QUESTIONS:**

Form ID: ELF

Form ID: IDAuth Identi	ty Authentication	5
Taxpayer -		
Form of identification (1 = Driver's license, 2 = State issued identification	tion)	[1]
Identification number		[2]
Issue date		[3]
Expiration date		[4]
Location of issuance		[5]
Spouse -		
Form of identification (1 = Driver's license, 2 = State issued identification	tion)	[6]
Identification number		[7]
Issue date		[8]
Expiration date		[9]
Location of issuance		[10]

Form ID: Est	Estimated Taxes	6			
If you have an overn	payment of 2015 taxes, do you want the excess:				
Refunded					
Applied to 2016 estimated tax liability					
	siderable change in your 2016 income? (Y, N)	[54]			
If yes, please explain	rany unierences.	[55]			
		[56]			
		[57]			
De veu eveet e een	sidemable abance in your deductions for 20102 (v. v.)	[58]			
If yes, please explain	siderable change in your deductions for 2016? (Y, N) n any differences:	[59]			
yes, predec explain		[60]			
		[61]			
		[62]			
Do you expect a con	siderable change in the amount of your 2016 withholding? (Y, N)	[63] [64]			
If yes, please explain		[04]			
		[65]			
		[66]			
		[67] [68]			
Do you expect a cha	nge in the number of dependents claimed for 2016? (Y, N)	[69]			
If yes, please explain	any differences:				
		[70]			
		[71] [72]			
		[72] [73]			
Mark if you use the I	Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes	[74]			
	2015 Federal Estimated Tax Payments				
2014 overnovment a	applied to 2015 estimates +	[4]			
	calculated amounts on the dates due indicated below. Skip the remaining fields.	[1] [5]			
,,	, , , , , , , , , , , , , , , , , , ,				
•	yments were not made on the date due or were for an amount other than the calculated amount below, p	olease enter			
the actual date and a	amount paid.				
	Date Due Date Paid if After Date Due Amount Paid Calculated Amount M	ethod*			
1st quarter payment					
2nd quarter paymen					
3rd quarter payment	4/45/46				
4th quarter payment Additional payment					
riaareronar payment					
*Method of payment indicated in prior year					
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System					
Voucher = Form 1040-ES estimated tax payment voucher					
NOTES/QUESTIC	ONS:				

Control Totals+

Form ID: Est

Form ID: SumRep	Income Summary	8
	Income Summary	Ü

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
			<u> </u>
			<del></del>

Form ID: SumRep

Form	ID:	IntDiv

### **Interest and Dividend Summary**

9

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if 1 Foreign	= Attached 2 = N/A
			_	_
			<u> </u>	
	<u> </u>		<u> </u>	_
	<u> </u>			_
	<u> </u>		_	_
			_	_
-				
	<u> </u>		<u> </u>	
			<u> </u>	
	<u> </u>			<u> </u>
				<u> </u>
	_			<u> </u>

#### Wages and Salaries #1

Please pro	ovide all copies of Form W-2. 2015 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1	L]
Employer name	[3	3]
Were these wages earned for service as: (1 = Minister, 2 = Military,	3 = Farming / Fishing, 4 = National Guard) [5	5]
Mark if this is your current employer	[6	5]
Federal wages and salaries (Box 1)	+[1	LO]
Federal tax withheld (Box 2)	+[1	
Social security wages (Box 3) (If different than federal wages)	+[1	L4]
Social security tax withheld (Box 4)	+[1	L6]
Medicare wages (Box 5) (If different than federal wages)	+[1	[8]
Medicare tax withheld (Box 6)	+[2	21]
SS tips (Box 7)	+[2	23]
Allocated tips (Box 8)	+[2	25]
Dependent care benefits (Box 10)	+ [2	27]
Box 13 -		
Statutory employee	[2	29]
Retirement plan	[3	30]
Third-party sick pay	 [3	31]
State postal code (Box 15)		32]
State wages (Box 16) (If different than federal wages)	+ [3	34]
State tax withheld (Box 17)	+ [3	36]
Local wages (Box 18)	+ [3	38]
Local tax withheld (Box 19)	+ [4	[04
Name of locality (Box 20)	[2	13]
	Control Totals+	

### Wages and Salaries #2

Please provide all copies of Form W-2. 2015 Information **Prior Year Information** Taxpayer/Spouse (T, S) \_[1] Employer name [3] Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_[5] Mark if this your current employer [6] Federal wages and salaries (Box 1) [10] Federal tax withheld (Box 2) [12] Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) [16] Medicare wages (Box 5) (If different than federal wages) [18] Medicare tax withheld (Box 6) [21] SS tips (Box 7) [23] Allocated tips (Box 8) [25] Dependent care benefits (Box 10) [27] Box 13 -Statutory employee [29] Retirement plan [30] Third-party sick pay [31] State postal code (Box 15) [32] State wages (Box 16) (If different than federal wages) [34] State tax withheld (Box 17) [36] Local wages (Box 18) [38] Local tax withheld (Box 19) [40] Name of locality (Box 20) [43]

Control Totals+		
		Form ID: W2

#### Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (*	*See co	des below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations \$ or %	* Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer						T	
			Amounts +							
		2	Payer						T	
			Amounts +							
		3	Payer						T	
			Amounts +							
		4	Payer			T.	,			
			Amounts +							
		5	Payer			T.	,			
	T		Amounts +							
		6	Payer			T.				
	1		Amounts +							
		7	Payer				T		T T	
	1		Amounts +							
		8	Payer				T		T T	
	T		Amounts +							
		9	Payer	Ţ			<u> </u>		T	
	T		Amounts +							
		10	Payer	Ţ			<u> </u>		T	
			Amounts +							

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals +	Form ID: B-1
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Dividend Income

Form ID: B-2

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

·	· · ·
*Whole numbers will be treated as \$ amounts. E	nter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Cod	e e (**	See codes below)	Ordinary [2] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer Amounts <sup>†</sup>											
		2	Payer Amounts +											
		3	Payer Amounts +											
		4	Payer Amounts <sup>†</sup>											
		5	Payer Amounts <sup>†</sup>											
		6	Payer Amounts <sup>†</sup>											
		7	Payer Amounts <sup>†</sup>											
		8	Payer Amounts +											
		9	Payer Amounts +											
		10 <sup>-</sup>	Payer Amounts +											

•	**Dividend Codes
Blank = Other	3 = Nominee

Control Totals +	Form ID: B-2
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Sales of Stocks, Securities, and Other Investment Property	15
Please provide copies of all Forms 1099-B and 1099-S	
Did you have any securities become worthless during 2015? (Y, N)	[8]
Did you have any debts become uncollectible during 2015? (Y, N)	[9]
Did you have any commodity sales, short sales, or straddles? (Y, N)	[10]
Did you exchange any securities or investments for something other than cash? (Y, N)	[12]

T/S/J	Description of Prope	ert <b>y</b> 1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis +
					+	+
					+	+
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	Τ,	Control Totals+				Form ID: D
		CONTROL LOUGIS+		1		ן דטוווווט: ט

Form ID: InfoD

# Sales of Stocks, Securities, and Other Investment Property

#### Please provide copies of all Forms 1099-B and 1099-S

/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
_				+	+
				+	+ + +
				+	+
				+	+
				+	+
				+	+
NOTES/O	UESTIONS:				

2015 Information

Prior Year Information

[1]

	Taxpayer	Spouse	
Alimony received		[4]	
Unemployment compensation	+ [8] +	[9]	
Unemployment compensation federal withholding			
Unemployment compensation state withholding	+[8] +		-
Unemployment compensation repaid	+ [11] +		
Alaska Permanent Fund dividends	+ [17] +		
Alaska Fermanent i unu uividends	[17] +	[18]	
Self- Employment Income ? T/S/J (Y, N)		2015 Information	Prior Year Information
Other income, such as: Com	missions, Jury pay, Director fe	es, Taxable scholarships	
	+	[14]	
	+		
	+		
<del>_</del>	+		
	+		
	+		
	+		
<u> </u>			
<del>-</del> -		<u> </u>	
		<del></del>	-
		<del></del>	-
	+		
<u> </u>	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
<u> </u>	+		
	+		
	+		
	+		
<del>-</del>	+		
	+		

**NOTES/QUESTIONS:** 

State and local income tax refunds

Control Totals+	Form ID: Income
Control Totals+	I Form ID: Incomel

Form ID: 1099M Misco	ellaneous Income #1		16a
Please p	rovide all Forms 1099-MISC		
Preparer use only			
Name of navor			[2]
Name of payer Taxpayer/Spouse/Joint (T, S, J)			[3] [5]
State postal code			_[6]
Rents (Box 1)		+	[13]
Royalties (Box 2)		+	[15]
Other income (Box 3)		+	[17]
Federal income tax withheld (Box 4)		+	[19]
Fishing boat proceeds (Box 5)		+	[21]
Medical and health care payments (Box 6)		+	[23]
Nonemployee compensation (Box 7)		+	[25]
Substitute payments in lieu of dividends or interest (Box 8)	. (5. 0)	+	[27]
Payer made direct sales of \$5,000 or more of consumer prod	ucts (Box 9)	<u>-</u>	[29]
Crop Insurance proceeds (Box 10)  Excess golden parachute payments (Box 13)		Ť	[31]
Gross proceeds paid to an attorney (Box 14)		<u> </u>	[36]
Section 409A deferrals (Box 15a)		' <del></del>	[40]
Section 409A income (Box 15b)		+	[42]
State tax withheld (Box 16)		+	[44]
State/Payer's state no. (Box 17)		<del></del>	[46]
State income (Box 18)		+	[47]
	Control Totals+		
Misc	ellaneous Income #2		
	rovide all Forms 1099-MISC		
Preparer use only			
Name			
Name of payer			[3]
Taxpayer/Spouse/Joint (τ, s, J) State postal code			_[5]
Rents (Box 1)		_	[6] [13]
Royalties (Box 2)		+	[15]
Other income (Box 3)		+	[17]
Federal income tax withheld (Box 4)		+	[19]
Fishing boat proceeds (Box 5)		+	[21]
Medical and health care payments (Box 6)		+	[23]
Nonemployee compensation (Box 7)		+	[25]
Substitute payments in lieu of dividends or interest (Box 8)		+	[27]
Payer made direct sales of \$5,000 or more of consumer prod	ucts (Box 9)	-	[29]
Crop Insurance proceeds (Box 10)		+	[31]
Excess golden parachute payments (Box 13)		+	[36]
Gross proceeds paid to an attorney (Box 14)		+	[38]
Section 409A deferrals (Box 15a)		+	[40]
Section 409A income (Box 15b) State tax withheld (Box 16)		+	[42]
State tax withheld (Box 16) State/Payer's state no. (Box 17)		+	[44]
State income (Box 18)		+	[46] [47]
State moone (Box 20)			[+/]
	Control Totals+		

Form ID: 1099M
1 FOITH 1D, 10331V

	and IRA Distributi	ions #1	22
	e all Forms 1099-R.		
Taxpayer/Spouse (τ, s)	2015	Information	Prior Year Information
Name of payer		[1]	
State postal code		[3]	
Gross distributions received (Box 1)	<b>±</b>	[5] [7]	
Taxable amount received (Box 2a)	+		
Federal withholding (Box 4)	<u>'</u>	[11]	
Distribution code (Box 7)	' <del></del>	•	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[14]	_
State withholding (Box 12)	<b>±</b>	[16]	
Local withholding (Box 15)	' <del></del>	[17] [19]	
Amount of rollover	+	[21]	
Mark if distribution was due to a pre-retirement age disability	' <del></del>		
Mark if distribution was due to a pre-retirement age disability		[23]	
Contr	ol Totals+		
Pension, Annuity,	and IRA Distributi	ions #2	
Please provide	e all Forms 1099-R.	Information	Prior Year Informatio
Taxpayer/Spouse (т, s)	2013	[1]	riioi real iiiioiiiiatio
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)	+		
Federal withholding (Box 4)	+	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	_
State withholding (Box 12)	+	[17]	
Local withholding (Box 15)	+	[19]	
	+	[21]	
Amount of rollover		[23]	
Mark if distribution was due to a pre-retirement age disability	ol Totals+		
Mark if distribution was due to a pre-retirement age disability	ol Totals+		
Amount of rollover  Mark if distribution was due to a pre-retirement age disability  Control  Pension, Annuity,		ions #3	

Name of payer [3] State postal code [5] Gross distributions received (Box 1) [7] Taxable amount received (Box 2a) [9] Federal withholding (Box 4) [11] Distribution code (Box 7) \_\_[14] Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_[16] State withholding (Box 12) [17] Local withholding (Box 15) [19] Amount of rollover [21] Mark if distribution was due to a pre-retirement age disability [23]

Control Totals+	

	Form ID: 1099R

Form ID: SSA-1099 Social Security, Tier 1 R	Railro	ad Benefits	23
Please provide a copy of Form(s)	SSA-1	1099 or RRB-1099	
Taxpayer/Spouse (τ, s)		[1]	
State postal code		[2]	
Social Security E	Benef	fits	
		2015 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information	n:		
Net Benefits for 2015 (Box 3 minus Box 4) (Box 5)	+_	[8]	
Voluntary Federal Income Tax Withheld (Box 6)	+_	[10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+_	[12]	
Prescription drug (Part D) premiums	+_	[14]	
Tier 1 Railroad E	Benef	fits	
		2015 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following informatio	n:		
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2015 (Box 5)	+_	[22]	
Federal Income Tax Withheld (Box 10)	+_	[25]	
Medicare Premium Total (Box 11)	+_	[27]	
		enefits Received	

Additional information about the benefits received not reported above. For example did you repay any benefits in 2015 or receive any prior year benefits in 2015. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9

[40]
[41]
[42]
[43]
[44]

Form ID: IRA Traditional IR	Α				24
	Taxpayer			Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement					
plan? (Y, N)		_[1]			[2]
Do you want to contribute the maximum allowable traditional IRA contribution					
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible	)	[3]			[4]
Enter the total traditional IRA contributions made for use in 2015	+	[5]	+		[6]
	Taxpayer			Spouse	
Enter the nondeductible contribution amount made for use in 2015	+	[11]	+		[12]
Enter the nondeductible contribution amount made in 2016 for use in 2015	+	[13]	+		[14]
Traditional IRA basis	+	[15]	+		[16]
Value of all your traditional IRA's on December 31, 2015:		<u></u>			<u>_</u>
•	+	[17]	+		[18]
	+		+		
	+		+		
	+		+		
	+		+		
Roth IRA					
Please provide copies of any 1998 through 2014		d by th	nis office	C	
Manul. S	Taxpayer			Spouse	
Mark if you want to contribute the maximum Roth IRA contribution		_[27]			[28]
Enter the total Roth IRA contributions made for use in 2015 Enter the total amount of Roth IRA conversion recharacterizations for 2015	<u> </u>				[30]
	+		† <u></u>		
Enter the total contribution Roth IRA basis on December 31, 2014  Enter the total Roth IRA contribution recharacterizations for 2015	+	[41]	† <u></u>		[42]
Enter the Roth conversion IRA basis on December 31, 2014	+		Ť		[44]
Value of all your Roth IRA's on December 31, 2015:	+	[45]	+		[46]
	+	[47]	+		[48]
	+		+		
	+		+		
	+		+		
	+		+		

Control Totals+	Form ID: IRA

Form ID: Keogh Keogh, SEP, SIMPLE Contributions		25
Preparer use only		
Business activity or profession name		[3]
Taxpayer/Spouse (T, S)		[4]
State postal code		<u>—</u> [1]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = S	IMPLE IRA 6 = SARSEP)	[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)	IIVII EE IIIA, 0 – SANSEI J	[7]
Enter the total amount of contributions made to a Keogh plan in 2015	_	[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2015	·	[8] [9]
Enter the total amount of contributions made to a SEP plan in 2015	<u>'</u>	[10]
Enter the total amount of contributions made to a SARSEP plan in 2015		[11]
Enter the total amount of contributions made to a defined benefit plan in 2015		
Enter the total amount of contributions made to a profit-sharing plan in 2015		[12]
Enter the total amount of contributions made to a profit-sharing plan in 2015  Enter the total amount of contributions made to a money purchase plan in 2015		[13]
, , , ,		[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2015	+	[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2015	+	[16]
Catch-up Contributions		
Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2015	+	[17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2015	+	[18]
Elective Deferrals		
Enter the total contributions to a Sole 401/k) or SARSER made through elective deferrals in 2015		[60]
Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2015 Enter the amount of elective deferrals designated as Roth contributions in 2015	+	[19] [20]

## **Schedule C - General Information**

Preparer use only				
		2015 Information		Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		_	[2]	
Employer identification number			[3]	
Business name			_ [5]	
Principal business/profession			_ [6]	
Business code			[11]	
Business address, if different from hon	ne address on Organizer Form ID: 104			
Address	ne address on Organizer Form ID. 10-		[1.4]	
	-	ta cl	_[14]	
City/State/Zip	[15]	· · · · · · · · · · · · · · · · · · ·	_[17]	
Accounting method (1 = Cash, 2 = Accrual, 3	= Other)	<del>-</del>	[18]	
If other:			[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Oth	er)	_	[21]	<u> </u>
If other enter explanation:				
			[23]	
			_, ,	
Enter an explanation if there was a cha	ange in determining your inventory:		_	
Litter an explanation in there was a cire	inge in determining your inventory.		[2.4]	
			_[24]	
			_	
Did you "materially participate" in this		_	[25]	
If not, number of hours you did sig			[27]	
Mark if you began or acquired this bus	iness in 2015		[29]	
Did you make any payments in 2015 th	nat require you to file Form(s) 1099?		[30]	
If "Yes", did you or will you file all r			[32]	-
Mark if this business is considered rela	The state of the s		[34]	<del></del> -
Did you receive wages as a statutory e		_		
		_	[36]	<del>-</del>
Medical insurance premiums paid by t	· · · · · · · · · · · · · · · · · · ·	+	[40]	
Long-term care premiums paid by this		+	[44]	
Amount of wages received as a statuto	ory employee	+	[47]	
	Rusiness Inc	ome		
	Business Inc	ome		
	Business Inc	ome 2015 Information		Prior Year Information
Gross receipts and sales	Business Inc			Prior Year Information
Gross receipts and sales	Business Inc	2015 Information		Prior Year Information
Gross receipts and sales	Business Inc	2015 Information	<b>_</b> [52]	Prior Year Information
Gross receipts and sales	Business Inc	2015 Information	<b>_</b> [52]	Prior Year Information
Gross receipts and sales	Business Inc	2015 Information	<b>_</b> [52]	Prior Year Information
	Business Inc	2015 Information	_[52] _ _ _	Prior Year Information
Returns and allowances	Business Inc	2015 Information	<b>_</b> [52]	Prior Year Information
	Business Inc	2015 Information	_[52] _ _ _	Prior Year Information
Returns and allowances	Business Inc	2015 Information	_[52] _ _ _	Prior Year Information
Returns and allowances	Business Inc	2015 Information	_[52] - - - _[55]	Prior Year Information
Returns and allowances	Business Inc	2015 Information	_[52] - - - _[55]	Prior Year Information
Returns and allowances	Business Inc	2015 Information	_[52] - - - _[55]	Prior Year Information
Returns and allowances		#	_[52] - - - _[55]	Prior Year Information
Returns and allowances	Business Inc	#	_[52] - - - _[55]	Prior Year Information
Returns and allowances		2015 Information  + + + + + + + + + + s Sold	_[52]   _[55] _[57] 	
Returns and allowances Other income:		#	_[52]   _[55] _[57] 	Prior Year Information  Prior Year Information
Returns and allowances Other income:  Beginning inventory		2015 Information  + + + + + + + + + + s Sold	_[52]   -[55] _[57]  	
Returns and allowances Other income:  Beginning inventory Purchases		2015 Information  + + + + + + + + + + s Sold	_[52]   _[55] _[57] 	
Returns and allowances Other income:  Beginning inventory		2015 Information  + + + + + + + + + + s Sold	_[52]   -[55] _[57]  	
Returns and allowances Other income:  Beginning inventory Purchases		2015 Information  + + + + + + + + + + + + + + + + + +	_[52] - - - - [55] _[57] - - - _[59] _[61]	
Returns and allowances Other income:  Beginning inventory Purchases		2015 Information  + + + + + + + + + + + + + + + + + +	_[52] [55] [57] 	
Returns and allowances Other income:  Beginning inventory Purchases		2015 Information  + + + + + + + + + + s Sold	_[52] - - - - [55] _[57] - - - _[59] _[61]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:		2015 Information  + + + + + + + + + + + + + + + + + +	_[52] [55] [57] 	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2015 Information  + + + + + + + + + + + + + + + + + +	_[52] [55] [57] [59] [61] [63] [65]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2015 Information  + + + + + + + + + + + + + + + + + +	_[52] [55] [57] 	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2015 Information  + + + + + + + + + + + + + + + + + +	_[52] [55] [57] [59] [61] [63] [65]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2015 Information  + + + + + + + + + + + + + + + + + +	_[52] [55] [57] [59] [61] [63] [65]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials Other costs:		2015 Information  + + + + + + + + + + + + + + + + + +	_[52][55][57][61][63][65][67]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2015 Information  + + + + + + + + + + + + + + + + + +	_[52] [55] [57] [59] [61] [63] [65]	

Form ID: C-2

Preparer use only			
Principal business or profession			
	2015 Information	_	Prior Year Information
Advertising +		[6]	
Car and truck expenses +		_[8]	
Contract labor +			
Depletion +			
Depreciation +		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit			
		_	
Insurance (Other than health):			
+		_	
Interest:			
Mortgage (Paid to banks, etc.)			
+	•	[22]	
		_	
Other:		_	
		[24]	
		[24]	
			-
	•	[29]	
Pension and profit sharing:			
	· 	[31]	
		_	
Rent or lease:			
Vehicles, machinery, and equipment +		[33]	
	-		
Taxes and licenses:			
+		[41]	
	-		
· · · · · · · · · · · · · · · · · · ·		_	
		_	
Turnel marks and automotive marks		_	
Travel, meals, and entertainment:			
Travel +		[43]	
Meals and entertainment +	· 		
Meals (Enter 100% subject to DOT 80% limit) +	· 	[47]	
Utilities +	·	[51]	
Wages (Less employment credit):			
+	•	[53]	
+			
Other expenses:			
+		[55]	
+			
+			
		_	_
	·	_	
		_	
+		_	
+	•	_	
		_	
+		_	

Control Totals+

Form ID: C-3	Schedule C - Carryovers	28

Principal business or profession

Preparer use only				
Carryovers		Regular		AMT
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain,	'loss +	[22]	+	[23]
Section 179	+	[24]	+	[25]

Form ID: Rent Rent and	<b>Royalty Property - General Information</b>	29
Preparer use only	2015 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J)[3]	State postal code [4]	
Physical address: Street		
City, state, zip code	[6] [7] [8]	
Foreign country	[10	0]
Foreign province/county	[1:	1]
Foreign postal code	[17	2]
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Cor	mmercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppt <u>y)</u> [13	3]
Description of other type (Type code #8)	[14	1]
Did you make any payments in 2015 that require you	u to file Form(s) 1099? (Y,N)[16	5]
If "Yes", did you or will you file all required Forms	1099? (Y, N)[18	<u></u>
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only)	(Use Rent-2 for type 3)[20	D]
Percentage of ownership if not 100%	[22	2]
Business use percentage, if not 100% (Not vacation h	nome percentage)[24	4]
	Rent and Royalty Income	
Rents and royalties	2015 Information	Prior Year Information
	+[33]	

Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Percentage of ownership if not 100%			[20] [22]	
Business use percentage, if not 100% (Not vacation home			[24]	
Rents and royalties	ent and Royalty	/ Income		Prior Year Informatio
Rents and Toyanties	+	[33]		Prior fear informatio
	·	[55]		
Re	ent and Royalty	Expenses		
		nformation Percent	if not 100%	Prior Year Informatio
Advertising	+	[35]	[36]	
Auto		[38]	[39]	
Travel	+	[41]	[42]	
Cleaning and maintenance	+	[44]	[45]	
Commissions:				
	+	[47]	[49]	
-	+			
Insurance:				
	+	[50]	[52]	
	+		_	
Legal and professional fees	+	[54]	[55]	
Management fees:				
-		<u>[</u> 57]	[59]	
Mortgage interest paid to banks, etc (Form 1098)	+	<del></del>		
Mortgage interest paid to banks, etc (Form 1098)	1	[60]	[62]	
		[60]	[62]	
Other mortgage interest	<u>'</u>	[63]	[65]	
Qualified mortgage insurance premiums	·		[67]	
Other interest:	· <del></del>	[00]	[07]	
other interest.	+	[69]	[71]	
<del></del>	+			
Repairs	+	 [72]	[73]	
Supplies	+	[75]	[76]	
Taxes:				
	+	[78]	[80]	
	+			
Utilities	+	[81]	[82]	
Depreciation	+	[84]	[85]	
Depletion	+	[87]	[88]	
Other expenses:				
	+	[90]		
	+			
	+			

Form ID: Rent

Control Totals+

Form ID: Rent-2	Rent and Royalty	Properties - Points, Va	cation Home, Passive Inf	formation 30
Preparer Description	use only			
		Refinancing Po	ints	
		Preparer - Enter on Scr	een Rent	
			2015 Information	Prior Year Information
Refinancing points	paid -			
Recipient's/Lender	's name		[92]	
Date of refinance				
Total # Payments				
Reported on 1098	in 2015		_	
Total points paid				
	paid in current year (Prepar	er use only)		
Refinancing points				
Recipient's/Lender Date of refinance	r's name			
Total # Payments				
Reported on 1098	in 2015			
Total points paid	111 2013		<del>-</del>	
· · · · · · · · · · · · · · · · · · ·	paid in current year (Prepar	er use only)		
Refinancing points		,,		
Recipient's/Lender				
Date of refinance				
Total # Payments				
Reported on 1098 in 2015				
Total points paid				
Points deemed as	paid in current year (Prepar	er use only)		
		Vacation Home Info	ormation	
			2015 Information	Prior Year Information
Number of days hom	ne was used personally		[6]	
Number of days hom	ne was rented		[8]	
Number of day home			[10]	
	ved operating expenses into		+[20]	
Carryover of disallov	ved depreciation expenses i	nto 2015	+[21]	
		Passive and Other In	formation	
	Preparer use only			
	Carryovers	Regular	AMT	
	Operating	+ [29]	+ [30]	
	Short-term capital	+ [31]	+ [32]	
	Long-term capital	+ [33]	+ [34]	
	28% rate capital	+ [35]	+ [36]	
	Section 1231 loss Ordinary business gain/los	+ [37]	+ [38] + [40]	
	Comm revitalization	\$\$ + [39] + [41]	+ [40] + [42]	
	Section 179	+ [43]	• •	

# **Partnerships and S Corporations**

Please provide copies of Sched	ules K-1 showing income fro	om partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J)	_[2]
Employer identification number	[6]
Name of entity	[9]
State postal code	[10
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly tra	ded partnership)[13

Preparer use only		
Carryovers	Regular	AMT
Operating	[14]	[15]
Short-term capital	[16]	[17]
Long-term capital	[18]	[19]
28% rate capital	[20]	[21]
Section 1231 loss	[22]	[23]
Ordinary business gain/los	SS [24]	[25]
Other losses - 1040 pg.1	[26]	[27]
Comm revitalization	[28]	[29]
Section 179	[30]	[31]
Excess farm loss	[34]	[35]
	Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/los Other losses - 1040 pg.1 Comm revitalization Section 179	Carryovers         Regular           Operating         [14]           Short-term capital         [16]           Long-term capital         [20]           28% rate capital         [20]           Section 1231 loss         [22]           Ordinary business gain/loss         [24]           Other losses - 1040 pg.1         [26]           Comm revitalization         [28]           Section 179         [30]

Taxpayer/Spouse/Joint (τ, s, J)	[2]
Employer identification number	[6]
Name of entity	 [9]
State postal code	[10
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[13

	Preparer use only		
	Carryovers	Regular	AMT
Enter	Operating	[14]	[15]
on K1-7	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/los	S [24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[34]	[35]

Taxpayer/Spouse/Joint (T, S, J)	[2]
Employer identification number	[6]
Name of entity	[9]
State postal code	[10]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[13]

Preparer use only \_ Carryovers Regular AMT Enter Operating [14] [15] on K1-7 Short-term capital [16] [17] Long-term capital [18] [19] 28% rate capital [20] [21] Section 1231 loss [22] [23] Ordinary business gain/loss [24] [25] Other losses - 1040 pg.1 [26] [27] Comm revitalization [28] [29] Section 179 [30] [31] Excess farm loss [34] [35]

Form ID: K1-1

Form ID: K11		Estate	s and Trusts	37
	Please pr	ovide all copies of Schedul	es K-1 showing income from	estates and trusts.
	Spouse/Joint (T, S, J)	•	_	[2]
	dentification number			[3]
Name of ac	•			[4]
State posta				[5]
	Preparer use only	Dogulos	ADAT	
Feeton	Carryovers	Regular	AMT	
Enter on K1T-3	Operating	[14]	[15]	
	Short-term capital	[16]	[17]	
	Long-term capital	[18]	[19]	
	28% rate capital	[20]	[21]	
	Section 1231 loss	[22]	[23]	
	Ordinary business gain/los Comm revitalization		[25]	
	Comm revitalization	[26]	[27]	
Taynayor/S	Spouse/Joint (T, S, J)			[2]
	dentification number			_[2]
Name of ac				[3]
State posta	-			[4]
State posta				[5]
	Preparer use only Carryovers	Regular	AMT	
Enter	Operating	[14]		
on K1T-3	Short-term capital	[14]	[15]	
	Long-term capital		[17]	
	28% rate capital	[18]	[19]	
	Section 1231 loss	[20]	[21]	
	Ordinary business gain/los			
	Comm revitalization	SS [24] [26]	[25]	
	Committevitalization	[26]	[27]	
Taynaver/S	Spouse/Joint (T, S, J)			[2]
	dentification number			[2] [3]
Name of ac				
State posta	-			
State posta				<u>[5]</u>
	Preparer use only Carryovers	Regular	AMT	
Enter	Operating	[14]	[15]	
on K1T-3	Short-term capital	[16]	[17]	
	Long-term capital	[18]	[19]	
	28% rate capital	[20]	[21]	
	Section 1231 loss	[22]	[23]	
	Ordinary business gain/los		[25]	
	Comm revitalization	[26]	[27]	
	Committeettanzation	[20]	[27]	
Taynaver/S	Spouse/Joint (T, S, J)			[2]
	dentification number			[2] [3]
Name of ac				[5] [4]
State posta				
State posta				<u>[</u> 3]
	Preparer use only Carryovers	Regular	AMT	
Enter	Operating	[14]	[15]	
on K1T-3		[14]	[15]	
_			[1/]	
	Short term capital		[40]	
	Long-term capital	[18]	[19]	
	Long-term capital 28% rate capital	[18] [20]	[21]	
	Long-term capital 28% rate capital Section 1231 loss	[18] [20] [22]	[21] [23]	
	Long-term capital 28% rate capital	[18] [20] [22]	[21]	

Form ID: K1T

Form ID: Home Sale of Principal Residence		38
Description		[1]
Taxpayer/Spouse/Joint (T, S, J)		[1] [5]
State postal code		[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported	d on Schedule D)	<u></u> [7]
Date former residence was acquired	,	<u>—</u> [9]
Date former residence was sold		[10]
Selling price of former residence	+	[11]
Expenses related to the sale of your old home	+	[12]
Original cost of home sold including capital improvements	+	[13]
Exclusion Information		
Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sal	le date)	[19]
mark in meet use und ownership test menout exceptions (2 years use mening year period preceding sur		_
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)	Taxpayer	Spouse
Number of days each person used property as main home	[21]	[22]
Number of days each person owned property used as main home	[23]	[24]
Number of days between date of sale of the other home and date of sale of this home	[25]	[26]
Form 6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed	+	[28]
Total current year payments received	+	[29]
Form 6252 - Related Party Installment Sale Informa	tion	
Related party name		[30]
Address		[31]
City, State and Zip [32]	[33]	[34]
Identifying number of related party		[35]
Was the property sold as a marketable security? (Y, N)		[36]
Enter date of second sale if more than 2 years after the first sale		[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		[38]
Selling price of property sold by a related party	+	[40]

Form ID: 3903	Moving Expenses		46
Preparer use only			
Description of move			[2]
Taxpayer/Spouse/Joint (T, S, J)			[3]
Mark if the move was due to service in the armed forces			<u>—</u> [7]
Number of miles from old home to new workplace			<u>—</u> - [8]
Number of miles from old home to old workplace			[9]
Mark if move is outside United States or its possessions			[10]
Transportation and storage expenses		+	
Travel and lodging (not including meals)		+	[12]
Miles driven to new home			[13]
Total amount reimbursed for moving expenses		+	[15]

Form ID: OtherAdj		Other Adjustment	S	47
Alimony Paid:				
T/S/J	Recipient name	Recipient SSN	2015 Information	Prior Year Information
.,,,,,,				1]
Address			·	-3
			+	
Address				
			+	
Address				
		2015 In	formation	Prior Year Information
		Taxpayer	Spouse	
Educator expenses:				
	+	[3]	+[	4]
	+		+	
Other adjustments:				
	+	[6]	+[	7]
	+		+	
	+	_	+	
	+		+	
	+		+	
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Form ID: Educate2	tudent Loan Interest Paid 49
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Complete this section if you paid interest on a qualified student loan in 2015 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2015. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2015 Interest Paid	Prior Year Information
		+	[:	1]
		+		
		+		
		+		
				·

Form ID: Educ3

## **Education Credits and Tuition and Fees Deduction**

Please provide all copies of Form 1098-T.

50

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (τ, s)		[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Dedu	uction)	_
Student's social security number		
Student's first name		
Student's last name		
Institution Informat	ion	
Enter information from each institution on a separate page, including the com	plete address and federal ic	dentification number of the
Institution's federal identification number		[8]
Institution's name		
Institution's street address		
Institution's city, state, zip code		
Tuition Paid and Related In	nformation	
Tuition Paid and Related In  Amounts reported in Box 1 or Box 2 may not reflect the actu  Enter the amount actually paid of	ual amount paid for the stud during 2015.	-
Amounts reported in Box 1 or Box 2 may not reflect the actu Enter the amount actually paid of	ual amount paid for the stud during 2015. 2015 Information	lent during 2015.  Prior Year Information
Amounts reported in Box 1 or Box 2 may not reflect the actually paid of the Enter the amount actually paid of the Tuition paid (Enter only the amount actually paid) (Box 1)	ual amount paid for the stud during 2015.	-
Amounts reported in Box 1 or Box 2 may not reflect the actually paid of Enter the amount actually paid of Tuition paid (Enter only the amount actually paid) (Box 1) Tuition billed (Enter only the amount actually paid) (Box 2)	ual amount paid for the stud during 2015. 2015 Information	-
Amounts reported in Box 1 or Box 2 may not reflect the actually paid of the first the amount actually paid of the first the amount actually paid (Box 1).  Tuition billed (Enter only the amount actually paid) (Box 2).  Educational institution changed its reporting method for 2015 (Box 3).	ual amount paid for the stud during 2015. 2015 Information	-
Amounts reported in Box 1 or Box 2 may not reflect the actu- Enter the amount actually paid of  Tuition paid (Enter only the amount actually paid) (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2015 (Box 3)  Adjustments made for a prior year (Box 4)	ual amount paid for the stud during 2015. 2015 Information	-
Amounts reported in Box 1 or Box 2 may not reflect the actu- Enter the amount actually paid of the amount actually paid (Enter only the amount actually paid) (Box 1) Tuition billed (Enter only the amount actually paid) (Box 2) Educational institution changed its reporting method for 2015 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5)	ual amount paid for the stud during 2015. 2015 Information	-
Amounts reported in Box 1 or Box 2 may not reflect the actually paid of the Enter the amount actually paid of the Enter the amount actually paid (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2015 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)	aal amount paid for the stud during 2015.  2015 Information  +[8]	-
Amounts reported in Box 1 or Box 2 may not reflect the acturent Enter the amount actually paid of the Enter the amount actually paid (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2015 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)  Box 1 or 2 includes amounts for an academic period beginning January - March	aal amount paid for the stud during 2015.  2015 Information  +[8]	-
Amounts reported in Box 1 or Box 2 may not reflect the acturent the amount actually paid of the control of the amount actually paid (Box 1).  Tuition paid (Enter only the amount actually paid) (Box 2).  Educational institution changed its reporting method for 2015 (Box 3).  Adjustments made for a prior year (Box 4).  Scholarships or grants (Box 5).  Adjustments to scholarships or grants for a prior year (Box 6).  Box 1 or 2 includes amounts for an academic period beginning January - March. At least half-time student (Box 8).	aal amount paid for the stud during 2015.  2015 Information  +[8]	-
Amounts reported in Box 1 or Box 2 may not reflect the actually paid (Enter the amount actually paid of Tuition paid (Enter only the amount actually paid) (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2015 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)  Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8)  Graduate student (Box 9) (1=Yes, 2=No)	aal amount paid for the stud during 2015.  2015 Information  +[8]	-
Amounts reported in Box 1 or Box 2 may not reflect the acturent the amount actually paid of the control of the amount actually paid (Box 1).  Tuition billed (Enter only the amount actually paid) (Box 2).  Educational institution changed its reporting method for 2015 (Box 3).  Adjustments made for a prior year (Box 4).  Scholarships or grants (Box 5).  Adjustments to scholarships or grants for a prior year (Box 6).  Box 1 or 2 includes amounts for an academic period beginning January - March. At least half-time student (Box 8).  Graduate student (Box 9) (1=Yes, 2=No).  Insurance contract reimbursement/refund (Box 10).	aal amount paid for the stud during 2015.  2015 Information  +[8]	-
Amounts reported in Box 1 or Box 2 may not reflect the actually paid (Enter only the amount actually paid) (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2015 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)  Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8)  Graduate student (Box 9) (1=Yes, 2=No)  Insurance contract reimbursement/refund (Box 10)  Non-Institution expenses (Books and fees not paid directly to the educational institution)	aal amount paid for the stud during 2015.  2015 Information  +[8]	-
Amounts reported in Box 1 or Box 2 may not reflect the acturent the amount actually paid of the amount actually paid (Box 1)  Tuition paid (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2015 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)  Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8)  Graduate student (Box 9) (1=Yes, 2=No)  Insurance contract reimbursement/refund (Box 10)  Non-Institution expenses (Books and fees not paid directly to the educational institution)  American Opportunity Tax Credit (AOTC) disqualifier	2015 Information +[8]	-
Amounts reported in Box 1 or Box 2 may not reflect the actually paid (Enter only the amount actually paid) (Box 1)  Tuition billed (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2015 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)  Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8)  Graduate student (Box 9) (1=Yes, 2=No)  Insurance contract reimbursement/refund (Box 10)  Non-Institution expenses (Books and fees not paid directly to the educational institution)	2015 Information +[8]	-
Amounts reported in Box 1 or Box 2 may not reflect the acturent the amount actually paid of the amount actually paid (Box 1)  Tuition paid (Enter only the amount actually paid) (Box 2)  Educational institution changed its reporting method for 2015 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)  Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8)  Graduate student (Box 9) (1=Yes, 2=No)  Insurance contract reimbursement/refund (Box 10)  Non-Institution expenses (Books and fees not paid directly to the educational institution)  American Opportunity Tax Credit (AOTC) disqualifier	2015 Information +[8]	-

Control Totals+	Form ID: Educ3

# **Schedule A - Medical and Dental Expenses**

/J		ntormation	Prior Year Informati
Medical and dental expenses, such as: Doctors, Dentists, Ho	-	•	
Medical supplies, Hearing aids, Eyeglasses/contact lenses, ar			
]		[2]	
	+		
	+		-
	+		
	+		
	+		
Medical insurance premiums you paid: (Do not include pre-tax amo elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, S on Form SSA-1099.)			ered
1	ı	(e)	
		[5]	
	+		
		<del></del>	
Long-term care premiums you paid: (Do not include pre-tax amounts elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, S		d plan or amounts entered	
	<u>+</u>	[8]	
Donatalian and distance 1.1	+		-
Prescription medicines and drugs:			
)]		[11]	
	+		
	+		
3] Miles driven for medical items		[14]	
Cahadula (	Toy Evpopes		
Schedule A	\ - Tax Expenses		
J	2015 le	nformation	Prior Year Informat
State/local income taxes paid:	2023		Titol Tour Informat
	1	[10]	
8]		[19]	
	+		
2014 state and level in some terror and in 2015.	+		
2014 state and local income taxes paid in 2015:			
	+	[22]	
	+		
<del> </del>	+		
Real estate taxes paid:			
i]	+	[25]	
	<u> </u>		
Personal property taxes:			
d]	+	[28]	
	+		
Other taxes, such as: foreign taxes and State disability taxes			
	+	[31]	
		[31]	
	<u> </u>		
Calas tay paid on major averbases	+		-
Sales tax paid on major purchases:			
5]	+	[37]	
	<b>±</b>		
Sales tax paid on actual expenses:			
Sales tax paid on actual expenses.	T		
9]		[40]	
	+		
9]	+	[40]	
9]	+	[40]	

[1] + + + + + + + + + + + + + + + + + + +	age, excess proceeds invested cured by home used by taxpayer
+ + + + + + + + + + + + + + + + + + +	age, excess proceeds invested cured by home used by taxpayer
+ + + + + + + + + + + + + + + + + + +	age, excess proceeds invested cured by home used by taxpaye  Prior Year Information
+ + + + + + + + + + + + + + + + + + +	age, excess proceeds invested cured by home used by taxpaye
*Mortgage Types  Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment 2 = Used to pay off previous mortgage  *Mortgage Types  *Mortgage Types  4 = Taken out before 7/1/82 and se	age, excess proceeds invested cured by home used by taxpaye
+ + + + + + + + + + + + + + + + + + +	age, excess proceeds invested cured by home used by taxpaye
# # # # # # # # # # # # # # # # # # #	nge, excess proceeds invested cured by home used by taxpaye
*Mortgage Types  Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment 2 = Used to pay off previous mortgage  4 = Taken out before 7/1/82 and se	nge, excess proceeds invested cured by home used by taxpaye
*Mortgage Types  Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment 2 = Used to pay off previous mortgage 4 = Taken out before 7/1/82 and se	n Prior Year Information
Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment 2 = Used to pay off previous mortgage 4 = Taken out before 7/1/82 and se	n Prior Year Information
Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment 2 = Used to pay off previous mortgage 4 = Taken out before 7/1/82 and se	n Prior Year Information
T/S/J Payee's Name SSN or EIN 2015 Information	
Other, such as: Home mortgage interest paid to individuals	[5]
[4] +	
Address	
City, state and zip code	
+	
Address	
City, state and zip code	
Refinancing Points paid in 2015 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Percentage of principal exceeding original mortgage (For AMT adjustment) Points deemed as paid in 2015 (Preparer use only)  Date of refinance Term of new loan (in months) Reported on Form 1098 in 2015 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Percentage of principal exceeding original mortgage (For AMT adjustment) Points deemed as paid in 2015 (Preparer use only)  Date of refinance Term of new loan (in months) Reported on Form 1098 in 2015	_[11] - - - [12] - - - - - - - - -
T/S/J 2015 Information	1
Investment interest expense, other than on Schedule(s) K-1:	
_[15] +	
+	
+	
+	
+	
	_
+	_
<u> </u>	
Control Totals+	Form ID: A-2

Form ID: A-3

## **Charitable Contributions**

5/J	2015 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
	[3]	
	-	
<u></u> -	-	
	- <u> </u>	
· · · · · · · · · · · · · · · · · · ·	-	
	-	
.    . <u> </u>		
[5] Volunteer miles driven	[6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	- <u> </u>	
	·	
	-	
	-	
+		
Miscellaneous Deduction	ons	
Wilscenatieous Deuuction		
Wilscenarieous Deduction		
	2015 Information	Prior Year Informati
S/J Unreimbursed expenses, such as: Uniforms, Professional dues,		Prior Year Informati
5/J		Prior Year Informati
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses	<b>2015 Information</b>	Prior Year Informati
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses	2015 Information	Prior Year Informat
Unreimbursed expenses, such as: Uniforms, Professional dues,  Business publications, Job seeking expenses, Educational expenses  [11]	2015 Information [12]	Prior Year Informat
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]	2015 Information	Prior Year Informat
Unreimbursed expenses, such as: Uniforms, Professional dues,  Business publications, Job seeking expenses, Educational expenses  [11]	2015 Information [12]	Prior Year Informat
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:	2015 Information [12]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:	2015 Information [12]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees	2015 Information [12]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial	2015 Information [12] [15] [18] [18]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial	2015 Information  [12] [13] [15] [18] [18]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial	2015 Information  [12] [13] [15] [18] [18]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial	2015 Information  [12] [13] [15] [18] [18]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial	2015 Information  [12] [13] [15] [18] [18] [18]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental	2015 Information  [12] [13] [15] [15] [18] [18] [21]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees  Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/IN	2015 Information  [12]  [13]  [15]  [18]  [ess	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees  Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/IN	2015 Information  [12] [13] [15] [15] [18] [18] [21]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/IN  [26]	2015 Information  [12] [13] [15] [18] [6es [21] [24] [15] [24]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees  Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental  Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/IN  [26]  Other expenses, not subject to the 2% AGI limit:	2015 Information  [12] [13] [15] [15] [18] [18] [18] [18] [18] [18] [18] [18	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees  Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental  Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/IN  [26]  Other expenses, not subject to the 2% AGI limit:	2015 Information  [12] [12] [15] [15] [18] [18] [21] [21] [27] [27]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees  Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental  Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/IN  [26]  Other expenses, not subject to the 2% AGI limit:	2015 Information  [12] [13] [15] [18] [18] [21] [21] [27] [27]	
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Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/IN  [26]  Other expenses, not subject to the 2% AGI limit:  [30]	2015 Information  [12] [13] [15] [18] [18] [21] [21] [27] [27]	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses  [11]  Union dues:  [14]  [17] Tax preparation fees  Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial  [20]  [23] Safe deposit box rental  Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/IN  [26]  Other expenses, not subject to the 2% AGI limit:	2015 Information  [12] [13] [15] [18] [18] [21] [21] [27] [27]	

**Control Totals+** 

Form ID: 2106

# **Employee Business Expenses**

Preparer use only	2015 Information	Duiau Vaau Infamaatiau
	2015 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	[2]	
Occupation in which expenses were incurred	[3]	
State postal code	[5]	
If the employee expenses were from an occupation listed below, enter the appl		
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = F		
Mark if these employee expenses are related to qualified services as a minister	<del>_</del>	
0	+[17]	-
	+[19]	-
The state of the s	+[22]	
Other business expenses:		
	+[25]	
	+	-
	+	
	+	
	+	
	+	
	+	
<u> </u>	+	· · · · · · · · · · · · · · · · · · ·
<u> </u>	+	
<u> </u>	+	· · ·
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	+	
	+	
	+	
· · · · · · · · · · · · · · · · · · ·	+	
	+	
	+	
	+	
Nonvehicle depreciation	+ [28]	
	+ [31]	
	+ [33]	
Enter Reimbursements not entered on Scre		
		Drior Voor Information
Deimburgements for other symmetrics and included at Forms M 2	2015 Information	Prior Year Information
	+[60]	
	+[62]	
Reimbursements for meals for DOT service limitation not included on Form W-2	+ [64]	

**Control Totals+** 

Form ID: 2106-2			Employee B	usiness Expe	enses			58
Preparer u Taxpayer/Spouse (T, S) Occupation in which e State postal code	-	incurred				[2] [3] [4]		
			Vehicle	e Questions				
If you used your autor Was the vehicle av Was another vehic Do you have evide	vailable for off- cle available for	duty personal personal	use? (Y, N, Blank = N ? (Y, N)	ot applicable)	ons:	Information [5] [7] [9]	Prior Year	Information — —
			Vehicle	Information	1			
Vehicle 1 -	Date placed Description Comments	in service						[1
Vehicle 2 -	Date placed Description Comments	in service						[6
Vehicle 3 -	Date placed Description Comments	in service					_	[1
	Lomments							
Vehicle 4 -	Date placed Description Comments	in service						[1 [1
Vehicle 4 -	Date placed Description	in service	Vehicles <i>I</i>	Actual Expen	ses			
Vehicle 4 -	Date placed Description	in service  Prior Year Information	Vehicles A	Actual Expen Prior Year Information		Prior Year Information	Vehicle 4	
Total mileage for the ye	Date placed Description Comments  Vehicle 1 ar [20]	Prior Year	<b>Vehicle 2</b>	Prior Year	/ehicle 3	Information	Vehicle 4[163]	Prior Year
Total mileage for the ye Business mileage	Date placed Description Comments  Vehicle 1 ar [20] [24]	Prior Year	Vehicle 2	Prior Year	/ehicle 3	Information		Prior Year
Fotal mileage for the ye Business mileage Average daily round trip	Date placed Description Comments  Vehicle 1 ar [20] [24]	Prior Year	Vehicle 2 [69] [71]	Prior Year	/ehicle 3 [116] [118]	Information	[163] [165]	Prior Year
Fotal mileage for the ye Business mileage Average daily round trip commuting mileage	Date placed Description Comments  Vehicle 1 ar [20] [24]	Prior Year	Vehicle 2 [69] [71] [73]	Prior Year	/ehicle 3 [116] [118]	Information	[163] [165]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileage	Date placed Description Comments  Vehicle 1 ar [20] [24] [26] [26] [36] [28]	Prior Year Information	Vehicle 2  [69] [71] [73] [75]	Prior Year	/ehicle 3  [116]  [118]  [120]  [122]	Information	[163] [165] [167] [169]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileag Gasoline +	Date placed Description Comments  Vehicle 1 ar [20]  [24] 0 [26] ge [28]	Prior Year Information	Vehicle 2  [69] [71] [73] [75]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124]	Information	[163] [165] [167] [169]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileag Gasoline +	Date placed Description Comments  Vehicle 1 ar [20] [24] 0 [26] ge [28] 1 [30]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126]	Information	[163][165][167][169] +[171] +[173]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileag Gasoline + Oil + Repairs +	Date placed Description Comments  Vehicle 1 ar [20] [24] 0 [26] 3e [28] [30] [32]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] + [77] + [79] + [81]	Prior Year	/ehicle 3  [116] [120] [122] [124] [126] [128]	Information	[163] [165] [167] [169] [171] [173]	Prior Year
Fotal mileage for the ye Business mileage Average daily round trip commuting mileage Fotal commuting mileag Gasoline + Dil + Repairs + Maintenance +	Date placed Description Comments  Vehicle 1 ar [20]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]  [79]  [81]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [128] [130]		[163] [165] [167] [169] [171] [173] [175]	Prior Year
Fotal mileage for the ye Business mileage Average daily round trip commuting mileage Fotal commuting mileag Gasoline + Dil + Repairs + Maintenance +	Date placed Description Comments  Vehicle 1 ar [20]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]  [79]  [81]  [83]	Prior Year	/ehicle 3  [116] [120] [122] [124] [126] [128] [130] [132]		[163] [165] [167] [169] [171] [173] [175] [177]	Prior Year
Fotal mileage for the yes Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Car washes +	Date placed Description Comments  Vehicle 1 ar [20] [24] 0 [26] 3e [28] [30] [32] [32] [34] [36] [38] [38]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] [77] [77] [79] [81] [83] [85]	Prior Year	/ehicle 3  [116] [120] [122] [124] [126] [128] [130] [132] [134]		[163] [165] [167] [169] [171] [173] [175] [177] [177] [179]	Prior Year
Fotal mileage for the yest audiness mileage Average daily round tripic commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Fires + Car washes + nsurance +	Date placed Description Comments  Vehicle 1  ar [20] [24]  [26] [38] [32] [34] [34] [36] [38] [40]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75] [77] [77] [79] [81] [83] [85] [87]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [128] [130] [132] [134] [136]		[163] [165]  [167] [169]  [171]  [173]  [175]  [177]  [177]  [178]  [181]	Prior Year
Fotal mileage for the yes Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline + Dil + Repairs + Maintenance + Fires + Car washes + nsurance + nterest +	Date placed Description Comments  Vehicle 1  ar [20] [24]  [26] [30] [32] [34] [36] [36] [38] [40] [42]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [77]  [79]  [81]  [83]  [85]  [87]  [91]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [130] [130] [134] [136] [138]		[163] [165] [167] [169] [171] [173] [175] [177] [177] [178] [181] [181] [183]	Prior Year
Fotal mileage for the year and the graph of	Date placed Description Comments  Vehicle 1  ar [20] [24]  [26] [30] [32] [34] [36] [38] [38] [40] [42] [42]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [77]  [79]  [81]  [85]  [87]  [87]  [91]	Prior Year	/ehicle 3  [116] [120] [122] [124] [128] [130] [132] [134] [138] [140]		[163] [165]  [167] [169]  [171]  [173]  [175]  [177]  [179]  [181]  [183]  [185]	Prior Year
Total mileage for the yee Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Tires + Car washes + Insurance + Interest + Registration + Licenses +	Date placed Description Comments  Vehicle 1  ar [20] [24]  [26] [30] [32] [34] [36] [38] [40] [42] [42] [44]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]  [79]  [81]  [83]  [85]  [87]  [87]  [91]  [93]	Prior Year	/ehicle 3  [116] [120] [122] [124] [128] [130] [132] [134] [136] [138] [140] [142]		[163] [165]  [167] [169]  [171]  [173]  [175]  [177]  [179]  [181]  [183]  [185]  [187]	Prior Year
Fotal mileage for the year and the second se	Date placed Description Comments  Vehicle 1  ar [20] [24] [26] [30] [32] [34] [36] [38] [40] [40] [42] [44] [46] [48] [36] [48]	Prior Year Information	Vehicle 2	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [130] [132] [134] [136] [138] [140] [142] [144]		[163] [165]  [167] [169]  [171]  [173]  [175]  [177]  [179]  [181]  [183]  [185]  [187]  [189]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Car washes + Insurance + Interest + Registration + Licenses + Property taxes (Plates, tage Vehicle rentals + Heading Property taxes (Plates, tage Vehicle rentals + Property taxes (Plates, tage)	Date placed Description Comments  Vehicle 1  ar [20]	Prior Year Information	Vehicle 2  [69] [71] [73] [75] [77] [77] [79] [81] [85] [87] [87] [87] [89] [91] [93] [95] [97]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [130] [132] [134] [136] [138] [140] [142] [142] [146]		[163] [165]  [167] [169]  [171]  [173]  [175]  [177]  [177]  [181]  [183]  [185]  [185]  [187]  [189]  [191]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Tires + Car washes + Insurance + Interest + Registration + Licenses + Property taxes (Plates, tage) Vehicle rentals + Inclusion amt (Preparer of	Date placed Description Comments  Vehicle 1  ar [20] [24]  [26] [38] [38] [34] [36] [38] [40] [42] [42] [44] [46] [46] [48] [5, etc) [50]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]  [79]  [81]  [85]  [87]  [87]  [91]  [93]  [95]  [97]  [99]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [130] [132] [134] [136] [140] [142] [144] [146] [148]		[163] [165]  [167] [169]  [171]  [173]  [177]  [177]  [178]  [181]  [183]  [185]  [187]  [189]  [191]  [193]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Tires + Car washes + Insurance + Interest + Registration + Licenses + Property taxes (Plates, tage) Vehicle rentals + Inclusion amt (Preparer on) Other vehicle expenses	Date placed Description Comments  Vehicle 1 ar [20] [24] [26] [36] [32] [34] [34] [36] [38] [40] [42] [42] [44] [48] [46] [48] [5] [50] [52]	Prior Year Information	Vehicle 2  [69] [71] [73] [75] [77] [77] [79] [81] [85] [87] [87] [87] [89] [91] [93] [95] [97]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [130] [132] [134] [136] [138] [140] [142] [142] [146]		[163] [165]  [167] [169]  [171]  [173]  [175]  [177]  [177]  [181]  [183]  [185]  [185]  [187]  [189]  [191]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Tires + Car washes + Insurance + Interest + Registration + Licenses + Property taxes (Plates, tage) Vehicle rentals + Inclusion amt (Preparer off) Other vehicle expenses	Date placed Description Comments  Vehicle 1  ar [20] [24]  [26] [30] [32] [32] [33] [34] [36] [38] [40] [42] [42] [44] [45] [46] [48] [5] [50] [52] [54]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [75]  [77]  [79]  [81]  [83]  [85]  [87]  [91]  [93]  [95]  [97]  [97]  [97]  [98]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [130] [134] [136] [138] [140] [142] [144] [146] [148] [150]		[163] [165]  [167] [169]  [171]  [173]  [175]  [177]  [178]  [181]  [183]  [185]  [187]  [189]  [191]  [193]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline + Oil + Repairs + Maintenance + Tires + Car washes   Insurance   Interest + Registration + Licenses + Property taxes (Plates, tage)	Date placed Description Comments  Vehicle 1  ar [20] [24] [26] [30] [32] [34] [36] [38] [40] [44] [46] [48] [46] [48] [5, etc) [50] [52] [4y) [54]	Prior Year Information	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]  [79]  [81]  [85]  [87]  [87]  [91]  [93]  [95]  [97]  [99]	Prior Year	/ehicle 3  [116] [118]  [120] [122] [124] [126] [130] [132] [134] [136] [140] [142] [144] [146] [148]		[163] [165]  [167] [169]  [171]  [173]  [177]  [177]  [178]  [181]  [183]  [185]  [187]  [189]  [191]  [193]	Prior Year

# Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

For donated securities, include the	e company name and number of shares in the donated property desc	cription, below
Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		<u> </u>
Name of donee organization		[5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase,	I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis	+	[13]
Fair market value	+	[14]
	Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	, [15]
If other:		[16]
	Control Totals+	
N		
	oncash Contributions Exceeding \$500 company name and number of shares in the donated property desc	ription, below
	,, , , , , , , , , , , , , , ,	pc, secon
Taxpayer/Spouse/Joint (τ, s, J)		[1]
		[4]
Name of donee organization		[5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed	_	[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase,	I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis	+	[13]
Fair market value	+	[14]
Method used to determine fair market value (A = A	Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:		[16]
	Control Totals+	
N	oncash Contributions Exceeding \$500	
	e company name and number of shares in the donated property desc	cription, below
Taxpayer/Spouse/Joint (T, S, J)		[1]
Danatad anamata danamatan		<sup>[1]</sup> [4]
Name of donor organization		<sup>[4]</sup>
Address of donee organization		
City		[6]
-		[7]
State postal code		[8]
Zip code		[9]
Date contributed	<del>-</del>	[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase,	I = Inheritance, G = Gift, E = Exchange)	_[12]
Donor's cost or basis	+ <u> </u>	[13]
Fair market value	+ <u> </u>	[14]
	Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:		[16]
	L Control Tract	
	Control Totals+	

Form ID: 8283

<u></u>	Home Office General In	nformat	ion	65
Preparer use only				
Principal business or profession				[3
Taxpayer/Spouse/Joint (T, S, J)				[5 [4
State postal code				r- [5
	Business Use of Ho	ome		_
			2015 Information	Prior Year Information
Total area of home			[14]	Thoi real illioimatio
Area used exclusively for business			[16]	-
Information for day-care facilities only:			[10]	
Total hours used for day-care during this year			[18]	
Total hours used this year, if less than 8760			[20]	
Special computation for certain day-care facilities:				
Area used regularly and exclusively for day-care			[22]	
Area used partly for day-care business			[24]	
Liet or divert over some	avananaa vuhiah ava attuihvutu	مامه مامه	to the business next	of wave have
List as direct expenses any exp	expenses which are attributa enses which are attributable			
	2045 1-4	ormation		
	Direct Expenses		ı lirect Expenses	Prior Year Information
Mortgage interest:	= = = = = = = = = = = = = = = = = = =		[31]	riioi real illioilliatioi
Mortgage insurance premiums			[35]	
Real estate taxes:	+ [37]		[39]	
Excess mortgage interest and insurance premiums		<u>'</u> ——	<sub>[39]</sub> [43]	
Insurance	+ [45]	<u>'</u> —	[43] [47]	
Rent	+ [51]	Ĭ	[47] [52]	
Repairs & maintenance	+ [54]	<u>'</u> ——	<sub>[52]</sub> [55]	-
Utilities	+ [57]	·	[55] [58]	
Other expenses, such as: Supplies & Security syste		· —	[50]	
other expenses, such as supplies a security syste	+ [60]	+	[61]	
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
Excess casualty losses		+	[63]	
Carryovers:				
Operating expenses		+	[64]	
Casualty losses		+	[65]	
Depreciation		+	[67]	
	such as:			
Business expenses not from business use of home,		+	[68]	-
Travel, Supplies, Business telephone expenses			[72]	
		+	[/2]	
Travel, Supplies, Business telephone expenses		+	[/2]	
Travel, Supplies, Business telephone expenses		+	[/2]	
Travel, Supplies, Business telephone expenses		+		

Form ID: 8829

Control Totals+

			Auto	Worksheet	•					66
	<del></del>		e for business	purposes, ple	ase complete	the fol	lowing in	formatio	n.	
Description of h	Preparer us	se only								
Description of bt	usiness or profession									[3]
			Ve	ehicles						
	ate placed in service									['
	escription									[
	omments									
	ate placed in service									[
	escription omments									[
	ate placed in service		-							
	escription									
	omments									
	ate placed in service									
	escription								-	
	omments									
			Vehicl	e Question	ıs					
			7 0 11101	Vehicle Pri		Prior	Vehicle	Prior	Vehicle	Prior
				1 Ye		Year	3	Year	4	Year
If you used your au	itomobile for work p	urposes, answ	er the following	questions:						
Was the vehicle	e available for off-du	ty personal use	e? (Y, N)	[60]	[62]		[64]		[66]	
vvas trie verner		ersonal use? (Y	, N)	[68]	[70]		[72]		[74]	<u></u>
Was another ve	ehicle available for pe	•			200000000000000000000000000000000000000				[02]	
Was another ve Do you have ev	vidence to support yo		Y(Y, N)	[76]	_ [78]		[80]		[82]	
Was another ve	vidence to support yo		Y(Y, N)	[76] [84]	[78] [86]	_	[88]	_	[82] [90]	_
Was another ve Do you have ev	vidence to support yo		' (Y, N)			_		_		
Was another ve Do you have ev	vidence to support yo			[84]	[86]	_		_		
Was another ve Do you have ev	vidence to support yo				[86]	_		_		_
Was another ve Do you have ev	vidence to support yo	our deduction?	Vehic	e Expenses	<sup>[86]</sup>		[88]	Vahicla	[90]	rior Year
Was another ve Do you have ev Is this evidence	vidence to support your vidence to support your vidence to support you written? (Y, N)  Vehicle 1	our deduction?	Vehicle 2	e Expenses		Infor	[88]	Vehicle	_[90] Pr 4 In:	ior Year
Was another ve Do you have ev Is this evidence	vidence to support your vidence to support your vidence to support your vidence to support you will be written? (Y, N)  Vehicle 1  r[32]	our deduction?	Vehicle 2	e Expenses		Infor	[88]	Vehicle	[90] Pr 4 In: _[38]	
Was another ve Do you have ev Is this evidence Total miles for yea Commuting miles	Vehicle 1  r[32]	our deduction?	Vehicle 2  [34] [44]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4	
Was another very Do you have extended in this evidence. Total miles for year Commuting miles.	Vehicle 1  r[32][42][52]	our deduction?	Vehicle 2  [34] [44] [54]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4 In: _[38] _[48][58]	
Was another very Do you have extended the service of the service o	Vehicle 1  r[32]	our deduction?	Vehicle 2  [34] [44] [54] [94]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4 In: _[38][48][58][98]	
Was another very Do you have extended the service of the service o	Vehicle 1  r[32][52] +[92]	our deduction?	Vehicle 2  [34] [44] [54]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4 In: _[38] _[48][58]	
Was another very Do you have extended to see this evidence of the second	Vehicle 1  r [32] [42] [52] + [92] + [100]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102]	e Expenses	Vehicle 3  [36] [46] [56] [96]	Infor	[88]	Vehicle	[90]  Pr 4 In:  _[38][48][58][98][106]	
Was another very Do you have extended the service of the service o	Vehicle 1  r [32]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110]	e Expenses	Vehicle 3  [36] [46] [56] [96]	Infor	[88]	Vehicle	[90]  Pr 4 In:  _[38][48][58][98][106][114][114]	
Was another very Do you have extended the service of the service o	Vehicle 1  r[32]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118]	e Expenses	Vehicle 3  [36] [46] [56] [96] [104]	Infor	[88]	Vehicle	[90]  4	
Was another very Do you have exited this evidence and the series of the	Vehicle 1  r [32]  42]  [52]  + [92]  + [100]  + [116]  + [124]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4	
Was another very Do you have exist this evidence and the series of the s	Vehicle 1  r	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4 In:  _[38] _[48] _[58] _[98] _[106] _[114] _[122] _[130] _[138]	
Was another very Do you have every Is this evidence Is the series Is Is It Is Is It Is Is Is It Is	Vehicle 1  r [32]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4 In:  _[38] _[48] _[58] _[98] _[106] _[114] _[122] _[130] _[138] _[146]	
Was another very Do you have expensed by this evidence of the series of	Vehicle 1  r [32]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150]	e Expenses		Infor	[88]	Vehicle	[90]  4   In:  [38] [48] [58] [98] [106] [114] [122] [130] [138] [146] [154]	
Was another very Do you have expensed in this evidence of the series of	Vehicle 1  r [32] + [100] + [116] + [124] + [132] + [140] + [148] + [156]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158]	e Expenses		Infor	[88]	Vehicle	[90]  4 In:  [38] [48] [58] [98] [106] [114] [122] [130] [138] [146] [154] [162]	
Was another very Do you have expenses wiles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses	Vehicle 1  r	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166]	e Expenses		Infor	[88]	Vehicle	[90]  4   Pr 4   In:  [38]  [48]  [58]  [98]  [106]  [114]  [122]  [130]  [138]  [146]  [154]  [162]  [170]	
Was another very Do you have expenses wiles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes	Vehicle 1  r	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4	
Was another very Do you have every Is this evidence Is the search Is Is It Is Is It Is Is Is It Is Is Is It Is	Vehicle 1  r	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4	
Was another very Do you have every Is this evidence Is the Is th	Vehicle 1  r [32]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4	
Was another very Do you have every Is this evidence Is the search Is Is It Is Is It Is Is Is It Is Is Is It Is	Vehicle 1  r [32]	our deduction?	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190] [198]	e Expenses		Infor	[88]	Vehicle	[90]  Pr 4	

Form ID: Auto

Control Totals+

#### **Child and Dependent Care Expenses**

Please enter all amounts paid in 2015 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2014 employer-provided dependent care benefits used during 2015 grace period		[4]
Employer-provided dependent care benefits that were forfeited in 2015	F[5] +	[6]
Total qualified expenses incurred in 2015	_	[9]
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	[11
Did you provide care expenses for any person(s) who is not listed as a dependent? (	′, N)	[12
Business name of provider		
First and last name of provider		
Street address of provider	<del></del>	
City, State and Zip code		
Social security number OR Employer identification number	<del></del>	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pr	ovider moved and unable to get TIN, 4 =	Provider refuses to give TIN)
Amount paid to care provider in 2015		
Foreign province or state of provider	_	
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pr	ovider moved and unable to get TIN, 4 =	Provider refuses to give <u>TIN</u> )
Amount paid to care provider in 2015	+_	
Foreign province or state of provider  Foreign country and Foreign postal code of provider		
- I of eight country and i of eight postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider	_	
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pr	ovider moved and unable to get TIN, 4 =	Provider refuses to give <u>TIN</u> )
Amount paid to care provider in 2015	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		<del></del>
Street address of provider	<u> </u>	
City, State and Zip code		
Social security number OR Employer identification number	<del></del>	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pr	ovider moved and unable to get TIN, 4 =	Provider refuses to give TIN)
Amount paid to care provider in 2015	+	
Foreign province or state of provider	_	
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pr		Provider refuses to give T <u>IN</u> )
Amount paid to care provider in 2015	+	
Foreign province or state of provider  Foreign country and Foreign postal code of provider		
Foreign country and Foreign postal code of provider  Control Totals+		Form ID: 2441
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Form ID: 5695

#### **Residential Energy Credit**

80

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (τ, s, J)	
Were the costs incurred made to your main home located in the United States? (Y, N)	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain +	[5]
Enter the total amount of costs for exterior windows +	[7]
Enter the total amount of costs for exterior doors +	[9]
Enter the total amount of costs for qualified metal roofs +	[11]
Enter the total amount of costs for energy-efficient building property +	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers +	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace +	[10]
Enter the total amount of costs for qualified solar electric property +	[12]
Enter the total amount of costs for qualified solar water heating property +	[14]
Enter the total amount of costs for qualified small wind energy property +	[16]
Enter the total amount of costs for qualified geothermal heat pump property +	[13]
Enter the total amount of costs for qualified fuel cell property +	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	[17]