General Information

	laxpayer	<u> Spo</u>	use	
First Name				
Middle Initial	<u> </u>	-		$\overline{}$
Suffix				
Social Security Number				\neg
Date of Birth				
Date of Death				
Home Phone	Check ("X") which phone number to list on re	eturn.		
Work Phone				
Cell Phone				
Fax Number				
Legally Blind	\vdash			
Claimed as a Dependent	H			
Presidential Election Fund (\$3)				
Occupation				
E-mail address				
State of Residence as of 12/31 County of Residence as of 12/31 .		$\dashv \vdash$		_
School District as of 12/31				
Sales tax rate of locality in 2016 .	<u>%</u>		%	
If Part Year, Period of Residency .	to	_	to	
Filing Status				
Status on 2015 return :				
Status as of 12/31/2016 :	1 Single			
Enter ("X") in the box	2 Married filing joint			
	3 Married filing separately (Enter spouse's name and SSN above)			
	4 Head of Household Non-depend	lent name:		
	Non-depend			
	5 Qualifying widow(er) with minor child	d	Year spouse died	
Taxpayer's Address				
Street			Apt/Suite :	
City		State	Zip Code	
If address is in a foreign country, e	nter that country	_	· -	
			Foreign postal code	
	ritory, enter territory			
Preparer's Information				
Preparer's name				
Firm's name				
Street				
City		State	Zip Code	

		Name
		Questions
Yes	No	Basic Information Did your marital status change since last year? Are there any changes in your dependents from last year? Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income? Are all your dependents either US residents or citizens? Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return? Did you or a member of your family have minimum essential coverage in 2016? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption? Were either you or your spouse in the military or National Guard? Did you purchase or sell your principal residence? Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence? Were there any changes to a prior year's income, deductions, or credits? Did you make gifts of more than \$14,000 to any one person?
	13 14 15 16	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2016? Did you claim a First-time Homebuyer Credit for a home purchased in 2008? Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? Do you want to e-file your return? If you are due a refund, how do you want to receive it?
		Check sent to you in the mail Apply to next year's estimates Direct deposit (please provide voided blank check) Type of account: Checking Savings If you owe taxes, how do you want to pay them? Paper check sent with my return Credit card Installment Agreement Direct debit from my bank account (please provide a voided blank check)
	18	Type of account: Checking Savings Do you want to allow your tax preparer to discuss this year's return with the IRS? If no, enter another person (if desired) to be allowed to discuss this return with the IRS:
		Designee's Phone Personal identification name Miriam F Kroschel, CPA Number 425-785-3314 Number (5 digit PIN)
	<u> </u>	Please provide a copy of your prior year's tax return to me if I don't already have it.
Yes	No	Did you have an interest in or signature authority over a financial account in a foreign country? Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? Did you make a loan to someone at an interest rate below market rate? Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? Did you cash in any U.S. savings bonds? Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)? Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) Did you receive disability income? Do you have gambling winnings? (If yes, be sure to include in gambling expenses) Did you receive any unemployment benefits? During 2016, did you receive payments from a Long-Term Care insurance contract? Did you receive employer-provided adoption benefits for a previous year? Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs) Did you receive Social Security benefits? Did you receive Social Security benefits? Did you receive alimony? Did you exchange any securities or investments for something other than cash? Do you have any short sales, commodity sales, or straddles? Did you receive Form 2439? Did you receive Form 2439? Did you receive stock from a stock bonus plan with your employer? Did you sell any other personal assets at a gain? Did you sell any other personal assets at a gain? Did you sell any other personal assets at a gain?

		25	Did you sell any assets using the installment method?
		26	Did you receive proceeds from a prior year installment sale?
		27	Did you purchase a rental property?
		28	Did you exchange any property for other property?
		29	Did you receive any income not reported in this Organizer?
		30	Did you pay any alimony?
V	N I -		Burdana and Burdal Burnata language
Yes	No		Business and Rental Property Income
		1	If you own rental property, do you qualify as a Real Estate Professional?
		2	Did you start or acquire a new business?
		3	Did you sell any part of an existing business, or sell business assets?
		4	Did you cease operating any business or rental property?
		5	Did you remove any of your business assets for personal use?
Yes	No		Business and Rental Property Deductions
		1	Did you use part of your home for business purposes?
		2	Did you make any contributions to a Keogh or a self-employed SEP plan for 2016?
		3	Do you pay for any health or long term care insurance through your business?
		4	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
		5	Did you purchase any furniture or equipment for your business?
Yes	No		Other Deductions
Yes	No	1	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?
Yes	No	2	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016?
Yes	No	2 3	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)?
Yes	No	2	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year?
Yes	No	2 3	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes?
Yes	No	2 3 4 5 6	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work?
Yes	No	2 3 4 5	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
Yes	No	2 3 4 5 6	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016?
Yes		2 3 4 5 6 7 8 9	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did any debts become uncollectible during 2016?
Yes		2 3 4 5 6 7 8 9	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?
Yes		2 3 4 5 6 7 8 9 10	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?
Yes		2 3 4 5 6 7 8 9 10 11	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? Did you contribute less than an entire interest in any property to charity?
Yes		2 3 4 5 6 7 8 9 10 11 12 13	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? Did you contribute less than an entire interest in any property to charity? Did you refinance a mortgage or take out a home equity loan during 2016?
Yes		2 3 4 5 6 7 8 9 10 11 12 13	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? Did you contribute less than an entire interest in any property to charity? Did you refinance a mortgage or take out a home equity loan during 2016? Did you incur moving expenses during the year due to a change of employment?
Yes		2 3 4 5 6 7 8 9 10 11 12 13	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did any debts become uncollectible during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? Did you contribute less than an entire interest in any property to charity? Did you refinance a mortgage or take out a home equity loan during 2016? Did you incur moving expenses during the year due to a change of employment? Did you pay any educational tuition or fees for you or a dependent?
Yes		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? Did you refinance a mortgage or take out a home equity loan during 2016? Did you incur moving expenses during the year due to a change of employment? Did you pay any educational tuition or fees for you or a dependent? Did you pay any student loan interest?
Yes		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? Did you contribute less than an entire interest in any property to charity? Did you refinance a mortgage or take out a home equity loan during 2016? Did you incur moving expenses during the year due to a change of employment? Did you pay any educational tuition or fees for you or a dependent? Did you make any federal or state estimated payments?
Yes		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? Did you make any contributions to HSA (Health Savings Account) in 2016? Did you use your car on the job (other than to and from work)? Did you work out of town for part of the year? Did you incur any travel and entertainment expenses for business purposes? Did you pay expenses for the care of your child or other dependent so you could work? Did you lose property or have damage to a property due to a casualty, theft, or condemnation? Did any security become worthless during 2016? Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? Did you refinance a mortgage or take out a home equity loan during 2016? Did you incur moving expenses during the year due to a change of employment? Did you pay any educational tuition or fees for you or a dependent? Did you pay any student loan interest?

Federal, State and Local Estimated Taxes Paid								
Federal Estimates	Fi	ler and/or Joi	nt Payments		Spouse Only Payments			
Enter Payment Information			ate Paid	Amount		Date Paid	Amou	unt
1 Overpayment from last year				7	1	2 4.0 . 4.14	7	
					2			
3 Second quarter payment					→ 3 → 4			
4 Third quarter payment5 Fourth quarter payment					- ⁴ / ₅ -			
6		· •			- 6 -			
7					7			
State Estimates								
Enter two-letter state abbreviation	State _		State		State		State	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1								
2 First quarter payment 2								
3 Second quarter payment 3 4 Third quarter payment 4								
5 Fourth quarter payment 5								
66								
7 7								
88								
Local Estimates								
Enter locality name	Locality _		Locality		Locality		Locality	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1								
2 First quarter payment 2								
3 Second quarter payment 3 4 Third quarter payment 4								
5 Fourth quarter payment 5								
6 6								
7 7								
8 8								

SSN _____

Not a Dependent this Year Enter "X" if applicable
Full- time Paid
Student or Education
Disabled Expenses t US Citizen Amount Paid for Dependent Care Expenses SSN Date of Birth Relationship No. of Months in Home in 2016 **Dependent Information** Last Name First Name

SSN

Name

Name SSN

Wages

W-2 Information

"X" if Wages, Tips Federal Income Spouse Employer's Name Other Comp Tax Withheld	Box 16 State Wages	Box 17 State Income
spouse Employer's Name Other Comp Tax Withheld	State Wages	State Income
spouse Employer's Name Other Comp Tax Withheld	Wages	Tana 14/241 1 1 1
1		Tax Withheld
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Name	SSN

Retirement Income

1099-R Information

"X" if	Box 1 Gross	Box 4 Federal Income	Box 14 State	Box 12 State Income
spouse Payer's Name	Distribution	Tax Withheld	Distribution	Tax Withheld
1				
2				
3				
4				
5 6				
8				
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54				
55]			<u> </u>

Name	SSN	

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse,	Taxable Inte	rest Income	Tax Exempt Interest		Specified Priv Act Interest		
or (J)oint.	Current Year	Prior Year	Current Year Prior Year		Current Year	Prior Year	
*F/S/J Payer	Amount	Amount	Amount	Amount	Amount	Amount	
1							
2							
3							
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Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse,	Ordinary I	Dividends	Qualified Dividends		Capital Gains	
or (J)oint.	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
*F/S/J Payer	Amount	Amount	Amount	Amount	Amount	Amount
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	Name	S	SN _		
	Home Office Number Description of Home Office Address City		S1	tate Zip _	
	Check ("X") box:	Daycare			
Hor	ne Office Expenses				
A 1 2 D 3 4	rea of Home Area used regularly and excluor of inventory or product sample Total area of home aycare only - Part of Home Use Multiply days used for daycar Enter total hours home was a expenses related to entire home Casualty losses Excess mortgage interest Insurance Rent Repairs and maintenance Utilities Other Expenses:	1 	1 2 3 4 5 6 7 8 9 110 111a 11b 111c 11d 11e	Current Year Amount	Prior Year Amount
В	Rucinoce 2:			Current Year Allocation %	Prior Year Allocation %
Α	Casualty losses Excess mortgage interest	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12	Current Year Amount	Prior Year Amount

Rea	Name Il Estate Rentals	and Rovalties			SSN	·	
Pi Ai Ci Fi	operty Description	•	StatePostal Code			Current Year	Prior Year
1a	Owner of property (Ent	er Filer, Spouse, or Joint	·)		. 1a	Info	Info
1b	Enter property type nur (1) Single-Family Resid	nber (1 to 8) lence (2) Multi-Family R nd (6) Royalties (7) Self	esidence (3) Vacati		1b		
2	Enter "X" if property wa than 14 days or 10% of	participated?	by you or your famil	y for more	. 3		
		X"), enter the number of (X"), enter the number of					
Inco 4 5	Royalty received Rent received				. 5	Current Year Amounts	Prior Year Amounts
6	•	percentage for property u	ised partially for pers	sonal use only	. 5b		
	•		ised partially for pers	sonal use only	. 5b	Current Year	Prior Year
Prop 7 8 9 10 11 12 13	Other Income		sed partially for pers	sonal use only	7 8 9 10 11 12 13a 13b	Current Year Amounts	Prior Year Amounts

Entity Name	artnerships, S corporations, or estates and trusts. F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.	Enter "S" if K1 (1120S) Enter "P" if K1 (1065)	Unreimbursed Partnership Exp
2 2 3 3 4 4 5 5 6 6 6 7 7 8 8 8 9 9 10 10 10 11 11 11 12 12 13 13 14 14 15 15 16 16 16 17 17 18 18 19 19 10 10 10 11 11 11 11 15 11 15 16 16 16 16 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	F/S/J Entity Name		
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26 27 28 29 30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 39 40 40 41 41 42 42 43 44 44 44 45 45 46 46 47 48 49 49	25	25	
27 28 28 29 30 30 31 31 32 32 33 34 35 35 36 35 37 38 39 39 40 41 42 42 43 43 44 44 45 46 46 46 47 48 49 49			
28 29 30 30 31 31 32 32 33 34 35 35 36 36 37 38 39 39 40 40 41 41 42 42 43 43 44 44 45 46 47 48 49 49			
29 29 30 30 31 31 32 32 33 34 35 35 36 36 37 37 38 38 39 39 40 40 41 41 42 42 43 44 44 44 45 45 46 47 48 49			
30 30 31 31 32 32 33 33 34 34 35 35 36 36 37 37 38 38 39 39 40 40 41 41 42 42 43 44 45 45 46 46 47 48 49 49			
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36 36 37 37 38 38 39 40 41 41 42 42 43 43 44 44 45 45 46 46 47 48 49 49			
37 38 38 39 39 40 40 41 41 42 42 43 43 44 44 45 45 46 47 48 49	35	35	
37 38 38 39 39 40 40 41 41 42 42 43 43 44 44 45 45 46 47 48 49	36	36	
38 38 39 39 40 40 41 41 42 42 43 43 44 44 45 45 46 46 47 48 49 49			
39 39 40 40 41 41 42 42 43 43 44 44 45 45 46 47 48 49			-
40 40 41 41 42 42 43 43 44 44 45 45 46 47 48 49			-
41 42 43 44 45 46 47 48 49			
42 43 44 45 46 47 48 49	40	40	
42 43 44 45 46 47 48 49	41	41	
43 43 44 44 45 45 46 46 47 47 48 49			
44 45 46 47 48 49			
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46 47 48 49			
47 47 48 48 49 49	45	45	
47 47 48 48 49 49	46	46	
48 49 49			
49 49			
			-

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IRA and Other Contribution Information			
Traditional IRA Contributions	Г	Current Year	Prior Year
 Filer 1 Enter total traditional IRA contributions made for 2016 2 Enter contributions, on line 1, made after 12/31/2016 and before 04/15/2017 3 Enter value of all traditional IRAs on 12/31/2016 4 Enter amount of any outstanding traditional rollovers as of 1/1/2017 	1 2 3 4	Amount	Amount
 Spouse 5 Enter total traditional IRA contributions made for 2016 6 Enter contributions, on line 5, made after 12/31/2016 and before 04/15/2017 7 Enter value of all traditional IRAs on 12/31/2016 8 Enter amount of any outstanding traditional rollovers as of 1/1/2017 	5 6 7 8		
Roth IRA Contributions	г		
Filer 1 Enter 2016 Roth IRA contributions 2 Enter value of all Roth IRAs on 12/31/2016	1 2	Current Year Amount	Prior Year Amount
Spouse 3 Enter 2016 Roth IRA contributions	3 4		
SIMPLE IRA	Г	O	Dulan Wasan
Filer		Current Year Amount	Prior Year Amount
1 Enter value of all SIMPLE IRAs on 12/31/2016	1		
	1 [
1 Enter value of all SIMPLE IRAs on 12/31/2016		Ourse at Vices	Drive Vene
1 Enter value of all SIMPLE IRAs on 12/31/2016		Current Year Amount	Prior Year Amount
1 Enter value of all SIMPLE IRAs on 12/31/2016	2 [
1 Enter value of all SIMPLE IRAs on 12/31/2016 Spouse 2 Enter value of all SIMPLE IRAs on 12/31/2016 Education (Coverdell ESA) Filer 1 Enter 2016 Coverdell ESA contributions 2 Enter value of the Coverdell ESA on 12/31/2016 Spouse 3 Enter 2016 Coverdell ESA contributions	2 [1 2 [3 [Amount	Amount
1 Enter value of all SIMPLE IRAs on 12/31/2016 Spouse 2 Enter value of all SIMPLE IRAs on 12/31/2016 Education (Coverdell ESA) Filer 1 Enter 2016 Coverdell ESA contributions 2 Enter value of the Coverdell ESA on 12/31/2016 Spouse 3 Enter 2016 Coverdell ESA contributions 4 Enter value of the Coverdell ESA on 12/31/2016	2 [1 2 [3 [

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name	55N

Medical and Dental - Itemized Deductions

	Current Year	Prior Year
	Amount	Amount
1 Prescription medications	1	
2 Fees for doctors, dentists, etc	2	
3 Fees for hospitals, clinics, etc	3	
1 Lab and X-ray fees	4	
Medical aids such as glasses, contacts, hearing aids, wheelchair, etc	5	
6 Medical equipment and supplies	6	
Medical mileage (number of miles driven)	7	
B Medical parking, tolls and local transportation	8	
Lodging for medical purposes (up to \$50 per night per person)	9	
0 Health/Dental/Other ins. premiums (do not include self-employed plans) 1	10	
1 Long Term Care insurance premiums (taxpayer)	11	
2 Long Term Care insurance premiums (spouse)	12	
3 Expenses to stop smoking	13	
4 Health insurance premiums - coverage established under your business (1) 1	14	
5 Health insurance premiums - coverage established under your business (2) 1	15	
6 Long Term Care insurance premiums - coverage est. under your business (1) . 1	16	
7 Long Term Care insurance premiums - coverage est. under your business (2) . 1	17	
B 1	18	
1	19	
2	20	
1	21	
2 Insurance reimbursement for any medical and dental expense listed above	22	

Name SSN

Taxes - Itemized Deductions

		Current Year	Prior Year
Real Estate Taxes	L	Amount	Amount
23 Principal residence	23		
24 Real estate taxes from Schedule E properties	. 24		
Real Estate Not Held For Investment			
25	25		
26	26		
27	27		
28	28		
29	29		
Real Estate Held For Investment		•	
30	30		
31	31		
32	32		
33	_ 33		
34	34		
Personal property taxes		•	
Non-business portion of vehicle personal property taxes	. 35		
36	36		
37	_ 37		
38	⁻ 38		
39	39		
40	40		
Non-Personal Property Taxes		Į.	
11 K1 (1065) - Other deductions/taxes	41		
42 K1 (1120S) - Other deductions/taxes	. 42		
43 K1 (1041) - Other deductions/taxes			
44	44		
45	45		
46	- 46 F		

	Name	SSN		
te	rest - Itemized Deductions			
	Home Mortgage Interest and Points Reported on Form 1098		Current Year Amount	Prior Year Amount
7	Lender	47		
18	Lender	48		
19	Lender	49		
0	Lender	50		
	Home Mortgage Interest Not Reported on Form 1098			
1	Name:	51		
	Address:		•	•
	SSN:			
52	Mortgage insurance premiums paid on 2016 acquisition indebtedness for			
	principal residence	52		
	Refinancing Points			•
3	Description	53		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2016	•		
54	Description			
-	Points paid			
	· ·			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2016			
55	Description			
	Points paid			
	Date of loan			
	Total number of scheduled loan payments	•		
	Number of payments made in 2016	•		
56	Description			
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2016			
7	Investment interest paid	57		

List car, truck, transportation, meals an		iler		ouse	
	Current Year	Prior Year	Current Year	Prior Year	
Union and professional dues	58 Amount	Amount	Amount	Amount	
Professional subscriptions	59				
Uniform and protective clothing	60				
Job search costs	61				
	62				
	63				
	64				
	65				
	66				
	67				
ain Miscellaneous Deducti	ons - Itemized Dedu	uctions			
		If investment	Current Year	Prior Year	
		related enter "X"	Amount	Amount	
Tax preparation fees		68			
Certain attorney and accounting fees					
Safe deposit box rental					
IRA Custodial fees					
IRA Custodial fees		71			
Investment counsel and advisory fees		71 72			
		71 72 73			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 74			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 74			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 74 75			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 74 75 76 77 78			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 74 75 76 77 78 79			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 74 75 76 77 78			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 74 75 76 77 78 79 80 81 82			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 75 76 77 78 79 80 81 82 83			
Investment counsel and advisory fees Losses on deposits in insolvent or bank		71 72 73 2016 74 75 76 77 78 79 80 81 82			
Investment counsel and advisory fees Losses on deposits in insolvent or banl Convenience fees paid with credit or de	krupt financial institutions .ebit card for federal taxes in	71 72 73 2016 75 76 77 78 79 80 81 82 83			
Investment counsel and advisory fees Losses on deposits in insolvent or banl Convenience fees paid with credit or de	krupt financial institutions . ebit card for federal taxes in	71 72 73 2016 75 76 77 78 79 80 81 82 83 84			
Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de er Miscellaneous Deduction Federal estate tax on income in respec	krupt financial institutions . ebit card for federal taxes in	71 72 73 2016 75 76 77 78 79 80 81 82 83 84			
er Miscellaneous Deduction Federal estate tax on income in respect	krupt financial institutions . ebit card for federal taxes in 1S t of a decedent	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84			
er Miscellaneous Deduction Federal estate tax on income in respectamentizable bond premiums on bonds Gambling losses (if gambling income)	krupt financial institutions . ebit card for federal taxes in 1S et of a decedent	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84			
er Miscellaneous Deduction Federal estate tax on income in respect Amortizable bond premiums on bonds Gambling losses (if gambling income) Repayment of income	rupt financial institutions . ebit card for federal taxes in	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84			
er Miscellaneous Deduction Federal estate tax on income in respect Amortizable bond premiums on bonds Gambling losses (if gambling income) Repayment of income	rupt financial institutions . ebit card for federal taxes in Stories of a decedent . acquired before 10/23/86	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84			
er Miscellaneous Deduction Federal estate tax on income in respect Amortizable bond premiums on bonds Gambling losses (if gambling income) Repayment of income	rupt financial institutions . ebit card for federal taxes in Stories of a decedent . acquired before 10/23/86	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84			
er Miscellaneous Deduction Federal estate tax on income in respect Amortizable bond premiums on bonds Gambling losses (if gambling income) Repayment of income From K1 Input Worksheet (1065 & 112	rupt financial institutions . ebit card for federal taxes in Stories of a decedent . acquired before 10/23/86	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84			
er Miscellaneous Deduction Federal estate tax on income in respect Amortizable bond premiums on bonds Gambling losses (if gambling income) Repayment of income	rupt financial institutions . ebit card for federal taxes in Stories of a decedent . acquired before 10/23/86	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84			
er Miscellaneous Deduction Federal estate tax on income in respect Amortizable bond premiums on bonds Gambling losses (if gambling income) Repayment of income From K1 Input Worksheet (1065 & 112)	rupt financial institutions . ebit card for federal taxes in Stories of a decedent . acquired before 10/23/86	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84 84 85 86 87 88 89 90 91 92 93			
Investment counsel and advisory fees Losses on deposits in insolvent or bank Convenience fees paid with credit or de er Miscellaneous Deduction Federal estate tax on income in respect Amortizable bond premiums on bonds Gambling losses (if gambling income) Repayment of income From K1 Input Worksheet (1065 & 112)	rupt financial institutions . ebit card for federal taxes in Stories of a decedent . acquired before 10/23/86	71 72 73 2016 74 75 76 77 78 79 80 81 82 83 84			

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		Current Year	Prior Year
* Total contributions \$500 or less. See Non-Cash Charity if over \$500.		Amount	Amount
Gifts To Charity Other Than By Cash or Check*	1 📙		
Total Miles driven for charitable activities	2		
Parking fees, tolls and local transportation for charitable activities	3		
Gifts To Charity By Cash or Check			
	1		
	2		
	_ 3 [
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	47		

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		(a) Name and Addres			(b) Description of Dona	ted Property
		Donee Organizati	on			
1	Name Address					
	City	State	Zip Code			
2	Name Address					
	City	State	Zip Code			
3	Name					
	Address	Chaha	Zin Cada			
4	City Name	State	Zip Code			
4	Address					
	City	State	Zip Code			
5	Name					
	Address					
	City	State	Zip Code			
Note		ue for an item is \$500 or le				
	(c) Date of the	(d) Date Acquired	(e) How	(f) Cost or	(g) Fair Market Value	(h) Method Used to
	Contribution	mm/dd/yyyy	Acquired	Adjusted Basis	F. M. V.	Determine the F. M. V
1						
2						
3						
4						
5						1

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