

# General Information

	Taxpayer	Spouse
First Name . . . . .	<input type="text"/>	<input type="text"/>
Middle Initial . . . . .	<input type="text"/>	<input type="text"/>
Last Name . . . . .	<input type="text"/>	<input type="text"/>
Suffix . . . . .	<input type="text"/>	<input type="text"/>
Social Security Number . . . . .	<input type="text"/>	<input type="text"/>
Date of Birth . . . . .	<input type="text"/>	<input type="text"/>
Date of Death . . . . .	<input type="text"/>	<input type="text"/>
Home Phone . . . . .	<input type="text"/>	<input type="text"/>
Work Phone . . . . .	<input type="text"/>	<input type="text"/>
Cell Phone . . . . .	<input type="text"/>	<input type="text"/>
Fax Number . . . . .	<input type="text"/>	<input type="text"/>
Legally Blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Totally Disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a Dependent . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Election Fund (\$3) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Occupation . . . . .	<input type="text"/>	<input type="text"/>
E-mail address . . . . .	<input type="text"/>	<input type="text"/>
State of Residence as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
School District as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
Sales tax rate of locality in 2016 . . . . .	<input type="text"/> %	<input type="text"/> %
If Part Year, Period of Residency . . . . .	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

Check ("X") which phone number to list on return.

## 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-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_  
 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
If address is in a foreign country, enter that country . . . \_\_\_\_\_  
Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

## Preparer's Information

Preparer's name \_\_\_\_\_  
Firm's name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you sell any assets using the installment method?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Did you purchase a rental property?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you exchange any property for other property?            |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | Did you receive any income not reported in this Organizer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you pay any alimony?                                     |

**Yes**    **No**    **Business and Rental Property Income**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use?              |

**Yes**    **No**    **Business and Rental Property Deductions**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2016?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you purchase any furniture or equipment for your business?                                      |

**Yes**    **No**    **Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you make any contributions to HSA (Health Savings Account) in 2016?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you lose property or have damage to a property due to a casualty, theft, or condemnation?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did any security become worthless during 2016?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did any debts become uncollectible during 2016?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you refinance a mortgage or take out a home equity loan during 2016?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you pay any educational tuition or fees for you or a dependent?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you pay alimony?   |
-





Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

"X" if  
spouse

	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				
<input type="checkbox"/>	16				
<input type="checkbox"/>	17				
<input type="checkbox"/>	18				
<input type="checkbox"/>	19				
<input type="checkbox"/>	20				
<input type="checkbox"/>	21				
<input type="checkbox"/>	22				
<input type="checkbox"/>	23				
<input type="checkbox"/>	24				
<input type="checkbox"/>	25				
<input type="checkbox"/>	26				
<input type="checkbox"/>	27				
<input type="checkbox"/>	28				
<input type="checkbox"/>	29				
<input type="checkbox"/>	30				
<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				
<input type="checkbox"/>	44				
<input type="checkbox"/>	45				
<input type="checkbox"/>	46				
<input type="checkbox"/>	47				
<input type="checkbox"/>	48				
<input type="checkbox"/>	49				
<input type="checkbox"/>	50				
<input type="checkbox"/>	51				
<input type="checkbox"/>	52				
<input type="checkbox"/>	53				
<input type="checkbox"/>	54				
<input type="checkbox"/>	55				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

		Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
"X" if spouse	Payer's Name				
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				
<input type="checkbox"/>	16				
<input type="checkbox"/>	17				
<input type="checkbox"/>	18				
<input type="checkbox"/>	19				
<input type="checkbox"/>	20				
<input type="checkbox"/>	21				
<input type="checkbox"/>	22				
<input type="checkbox"/>	23				
<input type="checkbox"/>	24				
<input type="checkbox"/>	25				
<input type="checkbox"/>	26				
<input type="checkbox"/>	27				
<input type="checkbox"/>	28				
<input type="checkbox"/>	29				
<input type="checkbox"/>	30				
<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				
<input type="checkbox"/>	44				
<input type="checkbox"/>	45				
<input type="checkbox"/>	46				
<input type="checkbox"/>	47				
<input type="checkbox"/>	48				
<input type="checkbox"/>	49				
<input type="checkbox"/>	50				
<input type="checkbox"/>	51				
<input type="checkbox"/>	52				
<input type="checkbox"/>	53				
<input type="checkbox"/>	54				
<input type="checkbox"/>	55				

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, or (J)oint.

*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							

**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, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Foreign Country \_\_\_\_\_  
 Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . . (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<input type="text"/>	<input type="text"/>
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>5a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>5b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>13b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17a</b> Real estate taxes . . . . .		
<b>17b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		



Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA and Other Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2016 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2016 and before 04/15/2017 . . . . . 2
- 3 Enter value of all traditional IRAs on 12/31/2016 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2017 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

- 5 Enter total traditional IRA contributions made for 2016 . . . . . 5
- 6 Enter contributions, on line 5, made after 12/31/2016 and before 04/15/2017 . . . . . 6
- 7 Enter value of all traditional IRAs on 12/31/2016 . . . . . 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2017 . . . . . 8


#### Roth IRA Contributions

**Filer**

- 1 Enter 2016 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2016 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2016 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2016 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2016 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2016 . . . . . 2

--	--

#### Education (Coverdell ESA)

**Filer**

- 1 Enter 2016 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2016 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2016 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2016 . . . . . 4


#### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

--	--



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Taxes - Itemized Deductions

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		

**Real Estate Taxes**

- 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**

- 35 Non-business portion of vehicle personal property taxes . . . . . 35
- 36 \_\_\_\_\_ 36
- 37 \_\_\_\_\_ 37
- 38 \_\_\_\_\_ 38
- 39 \_\_\_\_\_ 39
- 40 \_\_\_\_\_ 40

**Non-Personal Property Taxes**

- 41 K1 (1065) - Other deductions/taxes . . . . . 41
- 42 K1 (1120S) - Other deductions/taxes . . . . . 42
- 43 K1 (1041) - Other deductions/taxes . . . . . 43
- 44 \_\_\_\_\_ 44
- 45 \_\_\_\_\_ 45
- 46 \_\_\_\_\_ 46

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

- 47 Lender \_\_\_\_\_ 47
- 48 Lender \_\_\_\_\_ 48
- 49 Lender \_\_\_\_\_ 49
- 50 Lender \_\_\_\_\_ 50

**Home Mortgage Interest Not Reported on Form 1098**

- 51 Name: \_\_\_\_\_ 51
- Address: \_\_\_\_\_
- SSN: \_\_\_\_\_

- 52 Mortgage insurance premiums paid on 2016 acquisition indebtedness for principal residence . . . . . 52

**Refinancing Points**

53 Description . . . . . 53		
Points paid . . . . .		
Date of loan . . . . .		
Total number of scheduled loan payments . . . . .		
Number of payments made in 2016 . . . . .		
54 Description . . . . . 54		
Points paid . . . . .		
Date of loan . . . . .		
Total number of scheduled loan payments . . . . .		
Number of payments made in 2016 . . . . .		
55 Description . . . . . 55		
Points paid . . . . .		
Date of loan . . . . .		
Total number of scheduled loan payments . . . . .		
Number of payments made in 2016 . . . . .		
56 Description . . . . . 56		
Points paid . . . . .		
Date of loan . . . . .		
Total number of scheduled loan payments . . . . .		
Number of payments made in 2016 . . . . .		

- 57 Investment interest paid . . . . . 57

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58 Union and professional dues . . . . .	58			
59 Professional subscriptions . . . . .	59			
60 Uniform and protective clothing . . . . .	60			
61 Job search costs . . . . .	61			
62 _____	62			
63 _____	63			
64 _____	64			
65 _____	65			
66 _____	66			
67 _____	67			

### Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"		Current Year Amount	Prior Year Amount
68 Tax preparation fees . . . . .		68		
69 Certain attorney and accounting fees . . . . .	<input type="checkbox"/>	69		
70 Safe deposit box rental . . . . .	<input type="checkbox"/>	70		
71 IRA Custodial fees . . . . .	<input type="checkbox"/>	71		
72 Investment counsel and advisory fees . . . . .	<input type="checkbox"/>	72		
73 Losses on deposits in insolvent or bankrupt financial institutions . . . . .	<input type="checkbox"/>	73		
74 Convenience fees paid with credit or debit card for federal taxes in 2016 . . . . .	<input type="checkbox"/>	74		
75 _____	<input type="checkbox"/>	75		
76 _____	<input type="checkbox"/>	76		
77 _____	<input type="checkbox"/>	77		
78 _____	<input type="checkbox"/>	78		
79 _____	<input type="checkbox"/>	79		
80 _____	<input type="checkbox"/>	80		
81 _____	<input type="checkbox"/>	81		
82 _____	<input type="checkbox"/>	82		
83 _____	<input type="checkbox"/>	83		
84 _____	<input type="checkbox"/>	84		

### Other Miscellaneous Deductions

85 Federal estate tax on income in respect of a decedent . . . . .	85		
86 Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	86		
87 Gambling losses (if gambling income) . . . . .	87		
88 Repayment of income . . . . .	88		
89 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	89		
90 Certain unrecovered investment in a pension . . . . .	90		
91 _____	91		
92 _____	92		
93 _____	93		
94 _____	94		
95 _____	95		
96 _____	96		



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Charity - Itemized Deductions

\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

- 1 Gifts To Charity Other Than By Cash or Check\* . . . . . 1
- 2 Total Miles driven for charitable activities . . . . . 2
- 3 Parking fees, tolls and local transportation for charitable activities . . . . . 3

**Gifts To Charity By Cash or Check**

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____
44	_____
45	_____
46	_____
47	_____

Current Year Amount	Prior Year Amount

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Noncash Charitable Contributions (Total of Contributions more than \$500)**

**Information on Donated Property**

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
<b>1</b>	Name Address City	State	Zip Code	
<b>2</b>	Name Address City	State	Zip Code	
<b>3</b>	Name Address City	State	Zip Code	
<b>4</b>	Name Address City	State	Zip Code	
<b>5</b>	Name Address City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						