

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**1. PERSONAL INFORMATION**

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone	Mobile Phone		

**2. FILING STATUS**

Single                                       Check if parent (or someone else) can claim you as a dependent on their return.  
 Married Filing Joint  
 Married Filing Separate               Check if you lived apart from your spouse for all of 2016.  
 Head of Household  
 Qualifying Widow(er)                  Year spouse died: \_\_\_\_\_

**3. DEPENDENTS**

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

**4. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS**

1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.       Taxpayer       Spouse  
 2. Were you a victim of identity theft and have you been contacted by the IRS? . . . . .  Yes       No  
     If Yes, please furnish the 6-digit PIN issued to you by the IRS . . . . . \_\_\_\_\_  
 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2016? . . . . .  Yes       No  
 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? . . . .  Yes       No  
 5. Do you have any children age 18 or under (or student under age 24) who had unearned income or more than \$2,100? . . . . .  Yes       No  
 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? . . . . .  Yes       No  
 7. Did you give a gift of more than \$14,000 to one or more people? . . . . .  Yes       No

# ACA Health Care Organizer

**1** Does everyone in your tax household have qualified health insurance for all 12 months of 2016?  Yes  No

**Tax household** - Includes the taxpayer, spouse (if filing joint), and any individuals claimed as a dependent on your return. It also generally includes each individual you can, but do not claim as a dependent on your return.

**1a** If No above, please check which months your tax household had qualified health insurance in 2016.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2** Please indicate where you received your health insurance from for all members of your tax household.  
 Employer  Government-Sponsored Marketplace  Private Exchange (Individual Insurance Company)

**3** Do you qualify for any exemptions from the individual shared responsibility payment (penalty)?  Yes  No

**3a** If Yes above, have you filed for any exemptions through the government-sponsored marketplace?  Yes  No

Please indicate below who qualifies for an exemption from the health care mandate and for which months.

NAME	ALL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Taxpayer: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INCOME ORGANIZER

Please complete this Organizer before your appointment.  
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

### 1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Unreported tip income received: . . . . . \_\_\_\_\_

### 4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

Payer Name	Roth IRA	Other IRA	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

### 7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . .  Yes  No
2. Did you earn any foreign income or paid any foreign taxes? . . . . .  Yes  No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . .  Yes  No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . .  Yes  No  
 If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2016? . . . . .  Yes  No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . .  Yes  No

and

**BUSINESS INCOME AND EXPENSES** (Schedule C)

Indicate the owner of this business:  Taxpayer  Spouse  Joint

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

Business product or service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Did you start or acquire this business during 2016?  Yes  No

Accounting Method:  Cash  Accrual  Other (describe) \_\_\_\_\_

Method used to value inventory:  Cost  Lower of cost or market  Other (describe) \_\_\_\_\_

<b>Income and Cost of Goods Sold</b>	<b>2016 Amount</b>	<b>2015 Amount</b>
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

<b>Expenses</b>	<b>2016 Amount</b>	<b>2015 Amount</b>		<b>2016 Amount</b>	<b>2015 Amount</b>
Advertising			Taxes and licenses		
Commissions and fees			Travel		
Contract labor			Meals and entertainment		
Depletion			Utilities		
Employee benefits			Wages		
Insurance (other than health)			Other: _____		
Mortgage interest			_____		
Other interest			_____		
Legal and professional fees			_____		
Office expenses			_____		
Pension and profit sharing			_____		
Rent - Vehicle, machinery			_____		
Rent - Other			_____		
Repairs and maintenance			_____		
Supplies			<b>Amortization</b>		

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2016** (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

**Business Use of Home**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_

Was the home used as a day care facility?  Yes  No Date home placed in service \_\_\_\_\_

Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ Rent \_\_\_\_\_

Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ FMV of home \_\_\_\_\_

Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_ Value of land \_\_\_\_\_

Carryover of unallowed expenses to 2016  Yes  No (if yes, enter amount) \_\_\_\_\_

and

**RENTAL AND ROYALTY INCOME AND EXPENSES** (Schedule E, pg 1)

Indicate the owner of this property:     Taxpayer     Spouse     Joint

Description of property \_\_\_\_\_  
 Location of property \_\_\_\_\_

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value?     Yes     No

Did you meet the Active Participation requirements for this property?     Yes     No  
(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2016?     Yes     No

Income	2016 Amount	2015 Amount
Rents received . . . . .		
Royalties received . . . . .		

Expenses	2016 Amount	2015 Amount
Advertising . . . . .		
Cleaning and maintenance. . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Mortgage interest paid to banks . . . . .		
Other interest . . . . .		
Repairs . . . . .		
Supplies . . . . .		
Taxes . . . . .		
Utilities . . . . .		
Other _____		
_____		
_____		
_____		
Section 481(a) adjustment . . . . .		

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

Travel expenses \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2016**  
(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

## DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.  
Itemized Deduction Organizers are on separate pages.

### 1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:						Student Loan	Books, Supplies			
Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Interest Paid	& Equipment	529 Plan
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

### 2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging . . . . .	_____
Gas and Oil . . . . .	_____
Mileage . . . . .	_____
Other . . . . .	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace . . .	_____

### 4. OTHER DEDUCTIONS

Description	Amount
Educator expenses . . . . .	_____
Alimony paid Rec. SSN: _____	_____
Health Savings Account contributions . . .	_____
Archer Medical Savings Account contributions	_____
Jury duty repayment to employer . . . . .	_____
Foreign qualified housing expenses . . . . .	_____
Contributions to College 529 Savings Plan .	_____
Other . . . . .	_____
Other . . . . .	_____
Other . . . . .	_____
Other . . . . .	_____
Other . . . . .	_____
Other . . . . .	_____

### 3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA . . . . .	_____
Contributions to a ROTH IRA . . . . .	_____

### 5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2016 for which you paid a large amount of sales tax? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you refinance a mortgage during 2016? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

and

and

**ITEMIZED DEDUCTIONS**

**Medical and Dental Expenses** (not including reimbursements)

Medical/dental care insurance premiums (other than self-employed) . . . . .  
 Medicare B and D premiums from SSA-1099 and RRB-1099-R . . . . .  
 Qualified long-term care premiums . . . . .  
 Doctor, dentist, and hospital fees . . . . .  
 Prescription medicines and drugs . . . . .  
 Medical aids such as eyeglasses, contact lenses, and hearing aids . . . . .  
 Total transportation expenses . . . . .  
 Other medical and dental expenses . . . . .

**2016 Amount**

**2015 Amount**

**Taxes Paid**

State and local income taxes paid (other than withholdings and estimates) . . . . .  
 Actual state and local general sales taxes paid . . . . .  
 Real estate taxes . . . . .  
 Personal state/local property taxes (list type of tax paid) \_\_\_\_\_

**2016 Amount**

**2015 Amount**

**Interest Paid**

Home mortgage interest paid to financial institution (enclose Form 1098 or statement) . . . . .  
 Home mortgage interest paid to individual . . . . .  
*Individual's name* \_\_\_\_\_  
*Individual's address* \_\_\_\_\_  
*Individual's ID number* \_\_\_\_\_  
 Qualified mortgage insurance premiums (VA, FHA, RHS, or private) . . . . .  
 Investment interest expense . . . . .

**2016 Amount**

**2015 Amount**

**Gifts to Charity** (If additional lines are needed, attach similar statement)

*Contributions of cash or check*

*Noncash contributions*

<i>Name of charity</i>	<i>Date given</i>	<i>2016 Amount</i>	<i>Name and address of charity</i>	<i>Date given</i>	<i>FMV</i>

and

**ITEMIZED DEDUCTIONS (continued)**

**Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.  
 (If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: \_\_\_\_\_ Residential property   
 Description of property: \_\_\_\_\_ Business property   
 Date of loss: \_\_\_\_\_ Federal Disaster

Amount of damage \_\_\_\_\_ Cost basis of property \_\_\_\_\_ Repair Costs \_\_\_\_\_  
 Insurance reimbursement \_\_\_\_\_ FMV of property before loss \_\_\_\_\_ Other \_\_\_\_\_  
 Federal monies received \_\_\_\_\_ FMV of property after loss \_\_\_\_\_ Other \_\_\_\_\_

**Unreimbursed Employee Business Expenses** **T = Taxpayer S = Spouse** **T or S**

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) \_\_\_\_\_  
 Subscriptions related to your work \_\_\_\_\_  
 Licenses and regulatory fees \_\_\_\_\_  
 Tools and supplies used in your work \_\_\_\_\_  
 Work clothes, uniforms if required \_\_\_\_\_  
 Medical exams required by your employer \_\_\_\_\_  
 Work related education (books, tuition) \_\_\_\_\_  
 Legal fees related to your job \_\_\_\_\_  
 Job search expenses (current occupation) \_\_\_\_\_

**Vehicle Information**  
 Vehicle description \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Cost or basis \_\_\_\_\_

**Miles of vehicle**  
 Business miles \_\_\_\_\_  
 Commuting miles \_\_\_\_\_  
 Other miles \_\_\_\_\_

**\*In home office:**  
 Total square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Rent . . . . . \_\_\_\_\_  
 Insurance . . . . . \_\_\_\_\_  
 Utilities . . . . . \_\_\_\_\_  
 Repairs/Maintance \_\_\_\_\_

**Expenses**  
 Actual expenses \_\_\_\_\_  
 (gas, oil, repairs, etc)  
 Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

\*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

**Sales, Purchases, and Disposition of Assets in 2016**

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

**Investment Related Expenses**

Tax preparation fees \_\_\_\_\_  
 Safe deposit box \_\_\_\_\_  
 Custodial, trust admin fees \_\_\_\_\_  
 Fees to collect interest and dividends \_\_\_\_\_  
 Tax advice not related to investment income \_\_\_\_\_  
 Legal fees related to producing taxable income \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Other Misc. Deductions**

Gambling losses . . . . . \_\_\_\_\_  
 Estate tax deduction (in respect of a decedent) \_\_\_\_\_  
 Portfolio from Schedule K-1 \_\_\_\_\_  
 Unrecovered investment in a pension \_\_\_\_\_  
 Amortizable premium on taxable bonds \_\_\_\_\_  
 Disabled persons work expenses \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_



**CREDITS ORGANIZER**

Please complete this Organizer before your appointment.  
Earned Income Credit Organizer is on a separate page.

and

**1. CHILD CARE CREDIT**

Attach Daycare Provider Statement(s):			Telephone	Identification	
Care Provider Name	Address	Tax-Exempt	Number	Number	Amount Paid
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

**2. RESIDENTIAL ENERGY CREDIT**

Description	Amount	Description	Amount
Solar electric property . . . . .	_____	Metal or asphalt roof . . . . .	_____
Solar water heating . . . . .	_____	Exterior windows and skylights . . . . .	_____
Small wind energy . . . . .	_____	Electric heat pump or central air conditioner . . . . .	_____
Geothermal heat pump . . . . .	_____	Natural gas, propane or oil water heater . . . . .	_____
Fuel cell property . . . . .	_____	Biomass fuel stove . . . . .	_____
Insulation material . . . . .	_____	Natural gas, propane or oil furnace . . . . .	_____
Exterior doors . . . . .	_____	Advanced main air circulating fan . . . . .	_____

1. Were the qualified improvements for your main home in the United States? . . . . .  Yes  No

2. Were any of the improvements related to the construction of this main home? . . . . .  Yes  No

**3. MISCELLANEOUS CREDIT QUESTIONS**

1. Did you pay any expenses related to the adoption of an eligible child? . . . . .  Yes  No

2. Are you currently repaying the First-Time Homebuyer Credit? . . . . .  Yes  No

3. Do you (and your spouse) have a social security number that allows you to work and is valid? . . . . .  Yes  No

4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency?. . . . .  Yes  No

**PAYMENTS AND BANKING ORGANIZER**  
Please complete this Organizer before your appointment.

and

**1. ESTIMATED TAX PAYMENTS**

Federal estimated payments	Date Paid	Amount Paid
Applied from 2015 federal refund . . . . .	_____	_____
1st quarter payment . . . . .	_____	_____
2nd quarter payment . . . . .	_____	_____
3rd quarter payment . . . . .	_____	_____
4th quarter payment . . . . .	_____	_____

State estimated payments	State Name: _____	Date Paid	Amount Paid
Applied from 2015 state refund . . . . .		_____	_____
1st quarter payment . . . . .		_____	_____
2nd quarter payment . . . . .		_____	_____
3rd quarter payment . . . . .		_____	_____
4th quarter payment . . . . .		_____	_____

Local estimated payments	Locality Name: _____	Date Paid	Amount Paid
Applied from 2015 state refund . . . . .		_____	_____
1st quarter payment . . . . .		_____	_____
2nd quarter payment . . . . .		_____	_____
3rd quarter payment . . . . .		_____	_____
4th quarter payment . . . . .		_____	_____

**2. REFUND INFORMATION**

1. Would you like to have any refunds directly deposited into your bank account? . . . . .  Yes  No

<p><b>Bank Account</b></p> <p>Ownership      <input type="checkbox"/> Taxpayer   <input type="checkbox"/> Spouse   <input type="checkbox"/> Joint</p> <p>Type            <input type="checkbox"/> Checking   <input type="checkbox"/> Savings</p> <p>Bank name      _____</p> <p>Routing number _____</p> <p>Account number _____</p> <p>Account outside the jurisdiction of the United States?   <input type="checkbox"/> Yes</p>	<p><b>Bank Account</b></p> <p>Ownership      <input type="checkbox"/> Taxpayer   <input type="checkbox"/> Spouse   <input type="checkbox"/> Joint</p> <p>Type            <input type="checkbox"/> Checking   <input type="checkbox"/> Savings</p> <p>Bank name      _____</p> <p>Routing number _____</p> <p>Account number _____</p> <p>Account outside the jurisdiction of the United States?   <input type="checkbox"/> Yes</p>
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**3. COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_