

LOGAN GENERAL TAX PRACTICE

2245 Jordan Ave
Juneau, AK 99801

Dear Erikpv.

The Tax Organizer will assist you in collecting information necessary for us to properly prepare your income tax return. Please complete the organizer sections as applicable and provide supporting documentation where necessary. Prior year data is included on the organizer for your reference.

Please provide us with the following additional information:

- A copy of your r t g x k q w u { g c t tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.) & Form(s) 1098 (mortgage interest)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Brokerage statements from stock, bond or other investment transactions, include cost basis for all assets sold in { g c t t g w t p d g k p i r t g r c t g f h q t
- Closing statements pertaining to real estate transactions
- Any tax notices received from the IRS or other taxing authorities

Please see that our office receives the completed organizer and supporting documents **by March 10't h g t ' H d p i ' { g c t " * K < 4 2 3 8 ' V c z g u f w g ' d { ' 5 / 3 2 / 1 7 + .**

Should we receive them after March 10, it will be necessary to file an extension for you.

You are not required to schedule an appointment in order for us to complete your tax return. You can drop-off, mail, fax, or e-mail us all of your tax information and you will be contacted via phone or e-mail to discuss your tax matters. If you would like to discuss your taxes in person please contact the office as soon as possible to ensure an appointment time is available before our March 10th deadline.

Explore our website which should be a helpful resource tool to you. You can access monthly updated tax newsletters and alerts, calendar of IRS deadlines, links to financial tools and important tax-related websites, as well as contact us with questions, comments and suggestions. www.logantaxpractice.com. "

Communication with you is imperative. Please provide us with your e-mail address and cell phone number. The more information we have to contact you the quicker we can resolve any questions and get your tax return completed.

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance at 907-789-3894, 800-790-3894 or logantax@ak.net.

Sincerely,

The staff at Logan General Tax Practice

LOGAN GENERAL TAX PRACTICE

2245 Jordan Ave
Juneau, AK 99801

Income Tax Return Annual Engagement Letter & Privacy Notification

Dear Client,

We are pleased to confirm our understanding of the arrangements for your income tax return. This letter confirms the services you have asked our firm to perform and the terms under which we have agreed to do that work. Please read this letter carefully because it is important to both our firm and you that you understand what you can and cannot expect from our work. In other words, we want you to know the limitations of the services you have asked us to perform. If you are confused at all by this letter or believe we have misunderstood what you need, please call to discuss this letter before you sign it. The Internal Revenue Service imposes penalties on taxpayers and on us as return preparers for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients to confirm the following arrangements.

Terms of Engagement We will prepare your aaaaaa Federal Income Tax return from information you furnish us. We will not audit, review, compile or otherwise verify the data you submit, however, we may ask you to clarify some of the information. We may furnish you with tax organizers and questionnaires to help you gather and organize the necessary information for us. We are responsible for preparing only the return listed specifically in this letter. If you have taxable activity in a state other than that specifically listed you are responsible for providing our firm with all information necessary to prepare any additional applicable states or local income tax returns as well as informing us of the applicable states. Any additional state income tax returns will be prepared as a separate engagement. If you have income tax filing requirements in a given state but do not file that return there could be possible adverse ramifications such as an unlimited statute of limitations, penalties, etc. If you would like us to investigate to determine each state where you have an income tax filing requirement, please inform us.

You may request that we perform additional services not covered by this engagement letter. If this occurs we will communicate with you regarding the scope and estimated cost of these additional services. Engagements for additional services may necessitate that we amend this letter or issue a separate engagement letter to reflect the obligations of both parties. In the absence of written communications from us documenting such services, our services will be limited to and governed by the terms of this engagement letter.

It is your responsibility to maintain in your records the documentation necessary to support the data used in preparing your tax return, including but not limited to auto, travel, entertainment, business related expenses and the required documents to support all charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax return before signing them or authorization to e-file and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest. We will rely, without further verification, upon information you provide to us from third parties including, but not limited to, W-2s, K-1s, 1099s, 1098s, receipts and similar items.

We will use our professional judgement in preparing your tax return. Whenever we are aware that a possible applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your tax return. We will adopt whatever position you request on your tax return as long as it is consistent with the codes, regulations, and interpretations that have been promulgated. If the Internal Revenue Service or other taxing authorities should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

Privacy Policy We do not disclose any privileged communications or other information to a third party; unless we are required to disclose the privileged communication by law, such disclosure will not occur until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees that may result from attempts to protect any communication as privileged. Additionally, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us preceding the release of any privileged information to a third party.

It is our policy to keep records related to this engagement for a minimum of five years; however, we do not keep any original client records. All original records will be returned to you at the completion of the services rendered under this engagement. When records are back in your possession, it is your responsibility to retain and protect them for possible future use including but not limited to potential examination by any government or regulatory taxing agencies.

In the interest of facilitating our services to you, we may communicate by facsimile transmission or send electronic mail over the internet. Such communications may include information that is confidential. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and you consent to our use of these electronic devices during this engagement. Prior to each tax filing season we send client organizers to most of our clients as a convenience to assist them with gathering their tax information. If you move or do not wish to receive an organizer, please notify us otherwise we will send the organizer to the address we used on your prior year's tax return.

Fees Our fee for preparing your tax return(s) is based on the forms required to be filed. Each form has a fee and is detailed in our aaaaaa Minimum Fee Schedule. Payment is due when services are rendered. If we determine the need to send your account to a collection agency, the collection agencies' fee will be added to your balance prior to sending your account to collections. No additional work will be performed until prior balance and fees are paid.

Our fee does not include responding to inquires or examination by taxing authorities. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter. If we begin preparing or completing your tax return and you then terminate this engagement, you will be invoiced and charged for work completed to that point based on our minimum fee schedule. We do not provide tax preparation fee refunds in situations where tax return(s) have been prepared, signed by the preparer, and delivered to the client, regardless of whether the return has or has not been filed. Termination prior to filing will result in originals being returned to the client and a copy being retained by Logan General Tax Practice.

You agree to the fullest extent permitted by law to limit the liability of our firm to you for any and all claims, losses, costs, and damages of any nature, so that the total aggregate liability of our firm to you shall not exceed the total fee for services rendered under this agreement. Both parties intend and agree that this limitation applies to any and all liability or cause of action against our firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against the firm for errors and omissions. The one-year period will begin upon the date you receive your copy of the tax return.

We appreciate the opportunity to serve you. Please date and sign this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. It is our policy to keep the executed engagement letter on file, and can supply you a copy upon request.

Sincerely yours,

LOGAN GENERAL TAX PRACTICE

Accepted By: _____
Client DATE

TOPIC	FORM	TOPIC	FORM
Adoption expenses	37	IRA distributions	10, 13.1, 13.2
Alimony paid	24	Medical and dental expenses	25
Alimony received	14.1	Miscellaneous income	14.1
Business income and expenses	16	Miscellaneous itemized deductions	25 p3, 25 p4
Business use of home	29	Mortgage interest expense	25 p2
Capital gains/losses	17	Moving expenses	17, 27
Charitable contributions	25 p2, 25 p3, 26	Partnership information	20.1, 20.2
Child and dependent care expenses	33.1, 33.2	Pension distributions	10, 13.1, 13.2
Children's interest/dividend income	44	Purchase of business assets	22 p2
Client information	1	Qualified Plan (Keogh) contributions	24
Dependents	2	Qualified tuition programs	14.3
Direct deposit of refund	3, 6, 7.1	Railroad retirement benefits	14.1
Dividend income	11, 12	Real estate taxes paid	25
Education expenses	38	REMIC information	20.3, 20.4
Education Savings Accounts	14.3	Rental & royalty income & expenses	18
Employee business expenses	30 p1	S corporation information	20.1, 20.2
Estate information	20.3, 20.4	Sale of business assets	22
Estate tax	25 p4	Sale of home	100017, 27 Page 1
Estimated taxes	3, 6, 7.1	Sale of stocks and bonds	17
Excess Mortgage Interest	25 p5	Sales and use taxes paid	25
Farm income and expenses	19	Self-employed elective deferrals	24
Foreign information	31.1	SEP contributions	24
Foreign wages and other income	31.2	SIMPLE contributions	24
Gambling income/losses	10, 13.1, 13.2	Social security benefits received	14.1
Health insurance premiums (self-employed)	24	State and local tax refunds	14.2
Health savings accounts	32.1	Student loan interest paid	24
Household employment taxes	42	Taxes paid	25
Installment sales	17 p2	Tax return preparation fee	25 p3
Interest income	11, 12	Trust information	20.3, 20.4
Interest paid	25 p2	Unemployment compensation	14.2
Investment expense	25 p3	Vacation home	18, 18 p2
Investment interest expense	25 p2	Vehicle information	22 p3, 30 p2
IRA contributions	24	Wages, salaries, tips	10, 13.1, 13.2
Health coverage	39		

	1040	US	Client Information	1
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LOGAN GENERAL TAX PRACTICE
 2245 Jordan Ave
 Juneau, AK 99801
 Telephone number: (907) 789-3894
 Fax number: (907) 789-5999
 E-mail address: logantax@ak.net

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2014 or 2015)	<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Address	In care of Street address Apartment number City State ZIP code	
Foreign Address	Region Postal code Country	

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
Taxpayer Authentication	Driver's license no.		
	Driver's license state		
	Expiration date (m/d/y)		
	Issue date (m/d/y)		
	Theft protection PIN		
Spouse Authentication	Driver's license no.		
	Driver's license state		
	Expiration date (m/d/y)		
	Issue date (m/d/y)		
	Theft protection PIN		

DEPENDENTS

	Dependent	Dependent	
First name.....			<p style="text-align:center;">Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p style="text-align:center;">Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

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US

Miscellaneous Questions

*****If any of the following items pertain to you or your spouse please check the appropriate box and provide additional information if necessary.

Yes No PERSONAL PREFERENCES

- Would you like to receive the client-copy of your tax return and supporting documents on a CD-ROM rather than a hard copy?
- Would you be interested in receiving this tax organizer via e-mail next year? If yes, please include your e-mail address in client information. Please note: organizers are not currently supported by MAC.
- Do you want to allocate \$3 to the Presidential Election Campaign Fund? If YES - who? () Taxpayer () Spouse

PERSONAL INFORMATION

- Did your bank account information change within the last twelve months?
- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another individual's tax return?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of the year?
- Did you have any children under age 19 or full-time students under age 24 at the end of the year, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000?

HEALTH CARE COVERAGE

- Did you and your dependents have healthcare coverage for the full-year?
- Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
- If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach.

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US

Miscellaneous Questions

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
If YES - who? () Taxpayer () Spouse
- Did you have any foreign income or pay any foreign taxes?
- Did you or your spouse receive the Alaska Permanent Fund Dividend in ~~help~~ "gct"?
If YES - who? () Taxpayer () Spouse

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in ~~help~~ "gct"?
- Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of ~~ewtgpv~~ "gct"?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you purchase a home in ~~help~~ "gct" and you were overseas on official extended duty?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts cancelled or forgiven?
- Did anyone owe you money which had become uncollectible?

RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?

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Miscellaneous Questions

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in {gct?

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
If YES - who? () Taxpayer () Spouse

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

Do you have receipts for all cash contributions?

Did you incur moving expenses due to a change of employment?

Did you engage the services of any household employees?

ESTIMATED TAXES

Did you apply an overpayment of taxes to your {gct estimated tax (instead of being refunded)?

If you have an overpayment of {gct taxes, do you want the excess applied to your {gct estimated tax (instead of being refunded)?

Do you expect your {gct taxable income and withholdings to be different from {gct?

MISCELLANEOUS

Did you have an interest in, signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

Was your home rented out or used for business?
If Yes please explain

_____ (we will
contact you with more questions)

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US

Miscellaneous Questions

- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
If YES - who? () Taxpayer () Spouse
- Were you notified or audited by either the Internal Revenue Service or a state taxing agency?

Please enter all pertinent filing year information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	Voucher Amount
Overpayment applied from previous year ...				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	Voucher Amount
Overpayment applied from previous year ...				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent information.

APPLICATION OF FILING YEAR OVERPAYMENT (7.1)

If you have an overpayment of filing year taxes, do you want the excess refunded? or applied to 2017 estimate?

Other (please explain): _____

CURRENT YEAR ESTIMATED TAX INFORMATION

Do you expect your current year taxable income to be different from filing year.....Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your current year withholding to be different from filing year..... Yes No

If "yes" explain any differences: _____

7.1

	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld				
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)
1									

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs
		Distribution code #1				Federal (Box 4)	State (Box 12)	
		1=IRA/SEP/SIMPLE						
		1=spouse						

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		
				Federal (Box 4)	State (Box 15)	Local (Box 17)

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	Filing Year Amount	ts	Previous Year Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

	1040	US	Interest & Dividend Income		11, 12
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Please enter all pertinent amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

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US

Miscellaneous Income

14.1

Please enter all pertinent amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	Filing Year Amount		Previous Year Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	Filing Year Amount	Previous Year Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

EXPENSES

	Filing Year Amount	Previous Year Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

1040

US

Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

17

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	Filing Year Amount	Previous Year Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx)..... Percentage of tenant occupancy if not 100% (.xxxx)..... 1=spouse, 2=joint..... 1=qualified joint venture..... 1=nonpassive activity, 2=passive royalty.....		1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business..... 1=rental other than real estate... 1=investment..... 1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

INCOME

	Filing Year Amount	Previous Year Amount
Rents or royalties received.....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	Filing Year Amount	Previous Year Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

Please enter all pertinent amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	Filing Year Amount	TS	Previous Year Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and estimates are automatic.)

State income taxes - 1/16 payment on [] state estimate			
State income taxes - paid with [] state return extension			
State income taxes - paid with [] state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/16 payment on [] city/local estimate			
City/local income taxes - paid with [] city/local extension			
City/local income taxes - paid with [] city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on filing year purchases			
Use taxes paid with previous year state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

Filing Year Amount

TS

Previous Year Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____
Payee's SSN or FEIN ..	_____
Payee's street address .	_____
Payee's city	_____
Payee's state	_____
Payee's ZIP code	_____
Payee's region	_____
Payee's postal code	_____
Payee's country	_____

Amount paid		
-------------------	--	--

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

--	--	--

Investment interest (interest on margin accounts):

Passive interest

--	--	--

Certain home mortgage interest included above (6251)

--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

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Number of charitable miles

--	--	--

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

--	--	--

Number of charitable miles

--	--	--

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

INCOME

	Filing Year Amount	Previous Year Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

Filing Year Amount TS Previous Year Amount

Estate tax, section 691(c).....

Other miscellaneous deductions:

Table with 3 columns: Description, Filing Year Amount, and Previous Year Amount. Includes multiple rows for miscellaneous deductions.

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.
 Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
 Date married (if in current year).....

COVERED INDIVIDUAL (#1)

(a) First name ..
 (a) Last name ..
 (b) ID number (SSN or TIN)....
 (d) 1=covered all 12 months ...
 (e) Months of coverage:
 1=November
 1=December
 1=January.....
 1=February.....
 1=March.....
 1=April.....
 1=May.....
 1=June.....
 1=July.....
 1=August.....
 1=September.....
 1=October.....
 1=November.....
 1=December.....

COVERED INDIVIDUAL (#2)

(a) First name ..
 (a) Last name ..
 (b) ID number (SSN or TIN)....
 (d) 1=covered all 12 months ...
 (e) Months of coverage:
 1=November
 1=December
 1=January.....
 1=February.....
 1=March.....
 1=April.....
 1=May.....
 1=June.....
 1=July.....
 1=August.....
 1=September.....
 1=October.....
 1=November.....
 1=December.....

COVERED INDIVIDUAL (#3)

(a) First name ..
 (a) Last name ..
 (b) ID number (SSN or TIN)....
 (d) 1=covered all 12 months ...
 (e) Months of coverage:
 1=November 2015.....
 1=December 2015.....
 1=January.....
 1=February.....
 1=March.....
 1=April.....
 1=May.....
 1=June.....
 1=July.....
 1=August.....
 1=September.....
 1=October.....
 1=November.....
 1=December.....

COVERED INDIVIDUAL (#4)

(a) First name ..
 (a) Last name ..
 (b) ID number (SSN or TIN)....
 (d) 1=covered all 12 months ...
 (e) Months of coverage:
 1=November 2015.....
 1=December 2015.....
 1=January.....
 1=February.....
 1=March.....
 1=April.....
 1=May.....
 1=June.....
 1=July.....
 1=August.....
 1=September.....
 1=October.....
 1=November.....
 1=December.....

