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BUCKNER WADSWORTH & ASSOCIATES, LLP  
36 SOUTH 18TH AVENUE, SUITE F  
BRIGHTON, CO 80601  
PHONE 303-654-0120 FAX 303-654-0463

## **2016 TAX ORGANIZER**

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**NAME:  
ADDRESS:**

**This tax organizer has been prepared for your use in gathering the information needed for your 2016 tax return.**

**To save you time, selected information from your 2015 tax return has been entered in this organizer. Please line through any information that does not apply to your 2016 tax return.**

**In some cases, 2015 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

303-654-0120

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**



January 2017

All of us at Buckner Wadsworth & Associates hope that we find you and your family in good health and send our best wishes for the New Year. It is once again our pleasure to assist you with your income tax needs.

We want you to use the Tax Organizer as a guide in gathering and presenting your information to us. Although the full completion of the organizer is encouraged, it is not practical in all cases nor is it required. Included in the Tax Organizer are notations as to what income and deductions you had on your 2015 tax return. In our return preparation process we compare last year's income and deductions with the current year data. If you have significant changes from last year, please let us know in advance or make notations on the organizer.

The professional standards we adhere to strongly recommend the use of a written engagement letter with our individual tax clients. Your organizer includes two copies of this letter, one for your records, and one to be signed and returned to us.

Also included in the Tax Organizer are a series of questions which we need you to answer. The purpose of this is two-fold:

To alert us that you may qualify for additional deductions and/or tax credits – as you may be aware, there are several targeted tax incentives that you may or may not be entitled to given your specific facts and circumstances. The questions in the organizer allow us to analyze your situation so that we can determine if you qualify for any special tax incentives.

Over the last few years the IRS has created a series of additional compliance and reporting requirements. Answering the questions will help ensure that a complete and accurate return is filed.

We realize that many of these questions are technical in nature. If you do not understand the purpose or nature of the question, please make a notation so that we may review those issues with you.

**To insure that we have the necessary time to accurately complete your return we ask that you contact our office no later than March 24, 2017.** This deadline allows us time to schedule your work and make sure a quality return is completed. Even if you do not have all of the information necessary to complete the return we ask that you make arrangements to provide us with the information you do have at this date.

Additionally, we will not file an extension of time to file on your behalf unless you contact our office.

As always, we want you to know that you are important to us and we appreciate your business and referrals.

Sincerely,

***Buckner Wadsworth & Associates, LLP***



January 2017

Name:  
Address:

Dear Mr. and Mrs. :

**Client Copy - Save for your Records**

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2016 federal and requested state income tax returns from information which you furnish us. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of the information. We will furnish you with questionnaires to help you gather and organize the necessary information for us, in order to keep our fee to a minimum, and to assist you in keeping pertinent information from being overlooked.

It is your responsibility to maintain, in your records, canceled checks and other documentation necessary to support the data used in preparing your tax returns, including but not limited to auto, travel, entertainment, and related expenses and the required documents to support 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 returns before they are filed. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, or for resulting taxes, penalties, and interest.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We are responsible for preparing only the returns listed above. Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you and our fees for such services are at our standard rates.

We will use our professional judgment to resolve questions in your favor where the tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly 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 return. We will follow whatever position you request, so long as it is consistent with the codes, regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. We assume no liability for any such additional penalties or assessments.

The charges for our work are based upon the time involved, degree of responsibility assumed, and skills required, plus direct expenses. All invoices for services are due when submitted. If an invoice for services is not paid when due, we reserve the right to cease work and withdraw from the engagement. We will charge interest on the unpaid balance of any invoice at the monthly rate of 1 ½ % which is an ANNUAL PERCENTAGE RATE OF 18%. In the event that any collection action is required to collect unpaid balances due us, reasonable attorney fees and expenses shall be recoverable.

It is our firm's policy to retain copies of your tax returns for seven years, after which they will be destroyed.

Lastly, we appreciate your business and referrals, and are pleased to have you as a client. We look forward to a long and productive relationship.

If the above sets forth your understanding, please sign this letter and retain the other copy for your records. In the absence of your signature(s), the return of the completed tax organizer or other information necessary for the preparation of your return shall be deemed to be acceptance of the terms embodied in this engagement letter.

Sincerely,

***Buckner Wadsworth & Associates, LLP***

**Accepted: (Client Copy)**

Taxpayers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouses Signature: \_\_\_\_\_ Date: \_\_\_\_\_

F  
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MNAME:  
ADDRESS:**2016 TAX ORGANIZER**T  
OBUCKNER WADSWORTH & ASSOCIATES, LLP  
36 SOUTH 18TH AVENUE, SUITE F  
BRIGHTON, CO 80601  
PHONE 303-654-0120 FAX 303-654-0463

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

January 2017

Name:

Address:

Dear Mr. and Mrs. :

**BWA Copy - Please Sign**

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Sincerely,

***Buckner Wadsworth & Associates, LLP***

**Accepted: (Sign Below)**

Taxpayers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouses Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PRIVACY POLICY

CPA's, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPA's have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

\*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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2016

Questions (Page 1 of 5)

The following questions pertain to the 2016 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

Did your marital status change?
Are you married?
If Yes, do you and your spouse want to file separate returns?
If No, are you in a domestic partnership, civil union, or other state-defined relationship?
Can you or your spouse be claimed as a dependent by another taxpayer?
Did you or your spouse serve in the military or were you or your spouse on active duty?

Dependents:

Were there any changes in dependents from the prior year?
Note: Include non-child dependents for whom you provided more than half the support.
Did you or your spouse pay for child care while you or your spouse worked or looked for work?
Do you have any children under age 18 with unearned income more than \$1,050?
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?
Did you adopt a child or begin adoption proceedings?
Are any of your dependents non-U.S. citizens or non-U.S. residents?

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage.
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?
Did you apply for an exemption through the Marketplace?
If Yes, provide the Exemption Certificate Number.
Are any of your dependents required to file a tax return?



Questions (Page 2 of 5)

Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?  Yes  No
- Were you eligible for employer-sponsored healthcare coverage?  Yes  No
- If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?  Yes  No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  Yes  No  
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  Yes  No  
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?  Yes  No  
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?  Yes  No

Education:

- Did you or your spouse pay any student loan interest?  Yes  No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?  Yes  No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?  Yes  No  
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?  Yes  No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  Yes  No  
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?  Yes  No
- Did you or your spouse make any large purchases, such as motor vehicles and boats?  Yes  No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?  Yes  No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?  Yes  No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?  Yes  No  
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?  Yes  No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?  Yes  No



2016

## Questions (Page 3 of 5)

2C

### Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the date received (Mo/Da/Yr). _____		

### Personal Residence:

Did your address change? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$1,000,000? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Did you or your spouse take out a home equity loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1098-MA.		



2016

Questions (Page 4 of 5)

2D

Sale of Your Home:

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>



2016

**Questions (Page 5 of 5)**

**2E**

**Miscellaneous:**

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------

Did you or your spouse receive unreported tip income of \$20 or more in any month? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------------------------------------------------------------------	--------------------------	--------------------------

Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------

Did you or your spouse engage in any bartering transactions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------------------------------------------	--------------------------	--------------------------

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------

**Additional state pages have been included at the back of the organizer and should be reviewed.**



2016

# Personal Information

**Taxpayer:** NAME : **ON FILE**  
First Name and Initial Last Name Social Security Number

Occupation Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number Issue Date (Mo/Da/Yr) Expiration Date (Mo/Da/Yr) State

Driver's License  State-Issued ID  No Identification

**Spouse:** NAME : **ON FILE**  
First Name and Initial Last Name Social Security Number

Occupation Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number Issue Date (Mo/Da/Yr) Expiration Date (Mo/Da/Yr) State

Driver's License  State-Issued ID  No Identification

**Contact Information:** ADDRESS :  
Street Address Apartment Number

CITY, STATE, ZIP :  
City State ZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work Phone Taxpayer Evening/Home Phone Taxpayer Foreign Phone

Taxpayer Cell Phone Taxpayer Fax Number

Spouse Daytime/Work Phone Spouse Evening/Home Phone Spouse Foreign Phone

Spouse Cell Phone Spouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

May the IRS or other taxing authority discuss the return with the preparer? 

Yes	No
X	

  
 Is the taxpayer claimed as a dependent on someone else's tax return? 

Yes	No

Are you considered legally blind per IRS regulations? 

Yes	No

  
 Do you want to contribute to the Presidential Election Campaign Fund? 

Yes	No

  
 Are you a U.S. citizen or Green Card holder? 

Yes	No

**Personal Identification Numbers:** Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

**Worksheets: Basic Data > General and Return Options > Processing Options**



2016

## Dependents and Wages

3A

**Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---

**Wages and Salaries:** Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2016

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



2016

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2015, your account information may already be included below.

Form with questions: 'Would you like any refunds owed to you directly deposited?', 'Would you like to pay any amount due on your federal return using electronic withdrawal?', 'Would you like to pay any amount due on your state return(s) using electronic withdrawal?'. Includes 'Yes No' checkboxes and date fields.

Name of bank or financial institution
Routing Transit Number (RTN)
Account number

Type of account:
Checking
Archer MSA Savings
Traditional Savings
Coverdell Ed. Savings
IRA Savings
HSA Savings
myRA

Is this a business account?
Account owner
I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Form with questions: 'Would you like any refunds owed to you directly deposited?', 'Would you like to pay any amount due on your federal return using electronic withdrawal?', 'Would you like to pay any amount due on your state return(s) using electronic withdrawal?'. Includes 'Yes No' checkboxes and date fields.

Name of bank or financial institution
Routing Transit Number (RTN)
Account number

Type of account:
Checking
Archer MSA Savings
Traditional Savings
Coverdell Ed. Savings
IRA Savings
HSA Savings
myRA

Is this a business account?
Account owner
I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2016

# Interest Income

5A

### Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2015 Interest Amount
<b>Total</b>						

### Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2016 Interest Amount	2015 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

### Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



2016

**Dividend Income**

**5B**

**Dividend Information:**

**Include copies of all Forms 1099-DIV or other documents for dividends received**

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2015 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

**Enter Any Additional Information:**


**Note: List all items sold during the year on Form 7.**





# Sales of Stocks, Securities, Capital Assets & Installment Sales



**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

- Mutual fund transactions .....
- Exchange of any securities or investments for something other than cash .....
- Sales of inherited property .....
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....
- Commodity sales, short sales or straddles .....
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....
- Debts that became uncollectible .....
- Securities that became worthless .....
- Sale of any property where you will receive payments in future years .....

Yes	No

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2016 Principal Received	2015 Principal Received



2016

# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ .....

Type of property .... USE IF APPLICABLE

Yes	No

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....

How many days was this property rented at fair market value? .....

How many days was this property used personally (including use by family members)? .....

2016	2015
%	

**Income:**

Rents received .....

Royalties received .....

2016 Amount	2015 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2016 Amount	2015 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2016 Amount	2015 Amount

Other income:

Description	2016 Amount	2015 Amount





2016

**Miscellaneous Adjustments**

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2016 Amount	2015 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2016 Amount	2015 Amount
	Contributions made for 2016		
	Distributions received from all HSAs in 2016		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

Yes	No

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2016 Amount	2015 Amount



**Itemized Deductions - Medical and Taxes**

2016

**Medical and Dental Expenses:**

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....

TSJ	2016 Amount	2015 Amount

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

2016 Amount	2015 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

TSJ	Description	2016 Amount	2015 Amount

**Taxes Paid:** Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

TSJ	2016 Amount	2015 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2016 Amount	2015 Amount

**Other Taxes Paid:**

TSJ	Description	2016 Amount	2015 Amount

If you purchased or sold your home in 2016, did you include any taxes from your closing statement in the amounts above?  Yes  No



2016

**Itemized Deductions - Mortgage Interest and Points**

**14A**

**Mortgage Questions for 2016:**

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount	2015 Amount
		Yes	No		

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2016 Amount	2015 Amount
	Name	Address			

**Deductible Points:**

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount	2015 Amount
		Yes	No		

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount	2015 Amount

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2016 Amount	2015 Amount



2016

**Itemized Deductions - Contributions**

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2016 Amount	2015 Amount

TSJ	Conservation Real Property	2016 Amount	2015 Amount
	100% limit		
	50% limit		

TSJ	Description	2016 Miles	2015 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2016 Amount	2015 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ ..... \_\_\_\_\_  
 Description of the donated property ..... \_\_\_\_\_

Donee organization name ..... \_\_\_\_\_

Donee organization address ..... \_\_\_\_\_

Date the property was acquired by the taxpayer . . . (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated . . . . . (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property .....

Fair market value of the donated property .....

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal     
  Thrift shop value     
  Catalog     
  Comparable sale

Other - please explain ..... \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase     
  Gift     
  Inheritance     
  Exchange



2016

**Itemized Deductions - Miscellaneous**

**Miscellaneous Itemized Deductions:**

Union and professional dues .....  
 Tax preparation fee .....  
 Professional subscriptions .....  
 Hobby expense (To extent of income) .....  
 Safe deposit box .....  
 Uniforms and protective clothing .....  
 Work tools .....  
 Gambling losses .....  
 Estate taxes .....

TSJ	2016 Amount	2015 Amount

**Other Itemized Deductions:**

**Examples:**

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2016 Amount	2015 Amount

**Casualty or Theft Loss:**

TSJ ..... \_\_\_\_\_

Property description ..... \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use   
  Business use   
  Income producing   
  Employee Use   
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



2016

# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2016 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2017 estimated tax liability .....  Yes  No

## Federal Estimated Tax Payments:

2016 1st Quarter Estimate ..... (Due 04-18-2016)  
 2016 2nd Quarter Estimate ..... (Due 06-15-2016)  
 2016 3rd Quarter Estimate ..... (Due 09-15-2016)  
 2016 4th Quarter Estimate ..... (Due 01-17-2017)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2015 overpayment applied to 2016 estimate .....

## Tax Planning Information for Tax Year 2017:

Do you expect any of the following to occur in 2017?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2016

**State and City Tax Payments**

20A

**State and City Estimated Tax Payments:**

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....  
 2016 2nd Quarter Estimate .....  
 2016 3rd Quarter Estimate .....  
 2016 4th Quarter Estimate .....

If you have an overpayment of 2016 taxes, do you  
 want the excess applied to your 2017 estimated tax liability?  Yes  No

2015 overpayment applied to 2016 estimate .....   
 Balance of prior year(s)' tax paid in 2016 plus  
 amount paid with 2015 extensions .....   
 Estimated tax payments for 2015 paid in 2016 .....

**State and City Estimated Tax Payments:**

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....  
 2016 2nd Quarter Estimate .....  
 2016 3rd Quarter Estimate .....  
 2016 4th Quarter Estimate .....

If you have an overpayment of 2016 taxes, do you  
 want the excess applied to your 2017 estimated tax liability?  Yes  No

2015 overpayment applied to 2016 estimate .....   
 Balance of prior year(s)' tax paid in 2016 plus  
 amount paid with 2015 extensions .....   
 Estimated tax payments for 2015 paid in 2016 .....

**State and City Estimated Tax Payments:**

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate .....  
 2016 2nd Quarter Estimate .....  
 2016 3rd Quarter Estimate .....  
 2016 4th Quarter Estimate .....

If you have an overpayment of 2016 taxes, do you  
 want the excess applied to your 2017 estimated tax liability?  Yes  No

2015 overpayment applied to 2016 estimate .....   
 Balance of prior year(s)' tax paid in 2016 plus  
 amount paid with 2015 extensions .....   
 Estimated tax payments for 2015 paid in 2016 .....



2016

**Colorado Information**

**General Information:**

Enter the amount of Internet or out of state purchases for which you did not pay state sales or use tax . . . . .

If you live in a special use tax district, enter the name of the district . . . . . \_\_\_\_\_

Enter the amount of Internet or out of state purchases for which you did not pay special district sales or use tax . . . . .

**Residency Information:**

Taxpayer		Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Colorado for all of 2016, enter the dates you did live in Colorado . . . . . \_\_\_\_\_

Enter the state names other than Colorado where you had income . . . . . \_\_\_\_\_

**Education Savings:**

Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account? . . . . .  Yes  No

If Yes, enter the following:

TS	Account Holder Name	Account Holder Social Security Number	Account Number	2016 Amount Contributed

**Voluntary Contributions:**

Enter the amount you wish to contribute on your 2016 tax return to:

Nongame and Endangered Wildlife Cash Fund . . . . .	<input type="text"/>	Round Up River Ranch Fund . . . . .	<input type="text"/>
Colorado Domestic Abuse Program Fund . . . . .	<input type="text"/>	9Health Fair Fund . . . . .	<input type="text"/>
Homeless Prevention Activities Program Fund . . . . .	<input type="text"/>	Colorado Youth Corps Association Fund . . . . .	<input type="text"/>
American Red Cross Colorado Disaster Response Readiness and Preparedness Fund . . . . .	<input type="text"/>	Public Education Fund . . . . .	<input type="text"/>
Western Slope Military Veterans' Cemetery Fund . . . . .	<input type="text"/>	Colorado Healthy Rivers Fund . . . . .	<input type="text"/>
Pet Overpopulation Fund . . . . .	<input type="text"/>	Alzheimers Association Fund . . . . .	<input type="text"/>
Colorado for Healthy Landscapes Fund . . . . .	<input type="text"/>	Colorado Cancer Fund . . . . .	<input type="text"/>
Habitat for Humanity of Colorado Fund . . . . .	<input type="text"/>	Make-A-Wish Foundation of Colorado Fund . . . . .	<input type="text"/>
Military Family Relief Fund . . . . .	<input type="text"/>	Unwanted Horse Fund . . . . .	<input type="text"/>
Special Olympics of Colorado Fund . . . . .	<input type="text"/>	Colorado Multiple Sclerosis Fund . . . . .	<input type="text"/>

**Enter Any Additional Colorado Information:**
