

RODNEY W WICKLUND AND ASSOCIATES
RODNEY W WICKLUND
N5171 635TH ST
ELLSWORTH, WI 54011



Organizer Mailing Slip

General Information

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

Filing Status

Status on 2015 return :

Status as of 12/31/2016 : 1 Single
Enter ("X") in the box 2 Married filing joint
 3 Married filing separately
(Enter spouse's name and SSN above)

4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____

5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

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

Preparer's Information

Preparer's name RODNEY W WICKLUND
Firm's name RODNEY W WICKLUND AND ASSOCIATES
Street N5171 635TH ST
City ELLSWORTH State WI Zip Code 54011

Name _____

SSN _____

Questions

Yes No

Basic Information

- 1 Did your marital status change since last year?
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2016?
- 3 Are there any changes in your dependents from last year?
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 5 Are all your dependents either US residents or citizens?
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 8 Did you or a member of your family have minimum essential coverage in 2016? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- 9 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?
- 10 Were either you or your spouse in the military or National Guard?
- 11 Did you purchase or sell your principal residence?
- 12 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 13 Were there any changes to a prior year's income, deductions, or credits?
- 14 Did you make gifts of more than \$14,000 to any one person?
- 15 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2016?
- 16 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 17 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- 18 Do you want to e-file your return?
- 19 If you are due a refund, how do you want to receive it?

Check sent to you in the mail Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card Installment Agreement

Direct debit from my bank account (please provide a voided blank check)

Type of account: Checking Savings

- 20 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____

Yes No

Income

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?
- 4 Did you receive tip income NOT reported to your employer?
- 5 Did you barter your services for goods or services from someone else?
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Did you make a loan to someone at an interest rate below market rate?
- 8 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 9 Did you cash in any U.S. savings bonds?
- 10 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 11 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 12 Did you receive disability income?
- 13 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
- 14 Did you receive any unemployment benefits?
- 15 During 2016, did you receive payments from a Long-Term Care insurance contract?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
- 18 Did you rollover a retirement plan distribution into another plan?
- 19 Did you receive Social Security benefits?
- 20 During 2016, did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive alimony?
- 22 Did you convert a traditional IRA to a Roth IRA?
- 23 Did you exchange any securities or investments for something other than cash?
- 24 Do you have any short sales, commodity sales, or straddles?

- | | | | |
|--------------------------|--------------------------|----|----------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 34 | Did you receive any income not reported in this Organizer? |

- | Yes | | No | | <u>Business and Rental Property Income</u> | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |

- | Yes | | No | | <u>Business and Rental Property Deductions</u> | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you purchase any furniture or equipment for your business? |

- | Yes | | No | | <u>Other Deductions</u> | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make any contributions to HSA (Health Savings Account) in 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did any security become worthless during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did any debts become uncollectible during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you refinance a mortgage or take out a home equity loan during 2016? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you pay alimony? |
-

Name _____

SSN _____

Wages

W-2 Information

		Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
"X" if spouse	Employer's Name				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
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Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
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<input type="checkbox"/>	46					
<input type="checkbox"/>	47					
<input type="checkbox"/>	48					
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<input type="checkbox"/>	50					
<input type="checkbox"/>	51					
<input type="checkbox"/>	52					
<input type="checkbox"/>	53					
<input type="checkbox"/>	54					
<input type="checkbox"/>	55					

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
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Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
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	25						
	26						

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
1							
2							
3							
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Name _____

SSN _____

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
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	45						

Name _____

SSN _____

Business Assets

Assets Placed in Service in Prior Years

Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
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Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses			Current Year Amount	Prior Year Amount
20	Advertising	20		
21	Contract labor	21		
22	Commissions and fees	22		
23	Depletion	23		
24	Employee benefit programs (other than on line 35)	24		
25	Insurance (other than health)	25		

Interest:

26	Mortgage (paid to banks, etc.)	26		
27	Other	27		

28	Legal and professional services	28		
29	Office expense	29		
30	Pension and profit-sharing plans	30		

Rent or Lease:

31	Machinery rental or lease	31		
32	Equipment rental or lease	32		
33	_____	33		
34	_____	34		
35	_____	35		
	Other business property rental or lease			
36	_____	36		
37	_____	37		
38	_____	38		

39	Repairs and maintenance	39		
40	Supplies (not included in inventory cost of goods sold)	40		
41	Taxes and licenses	41		

Travel, Meals, and Entertainment:

Travel

42	_____	42		
43	_____	43		
44	_____	44		
45	_____	45		

Meals and entertainment

46	Enter "X" in the box if subject to DOT hours of service limits	46	<input type="checkbox"/>	<input type="checkbox"/>
47	_____	47		
48	_____	48		
49	_____	49		
50	_____	50		

51	Utilities	51		
52	Wages	52		

Other Expenses:

53	_____	53		
54	_____	54		
55	_____	55		
56	_____	56		
57	_____	57		
58	_____	58		
59	_____	59		
60	_____	60		
61	_____	61		

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Real Estate Rentals and Royalties

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

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

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

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

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

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals and Entertainment Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Entity Name
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
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41	_____
42	_____
43	_____
44	_____
45	_____
46	_____
47	_____
48	_____
49	_____
50	_____

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

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**Unreimbursed
Partnership Exp.
Current Year**

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Name _____

SSN _____

Farm Rental Income and Expenses

Enter "X" in one box: Filer Spouse

General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number) _____
- 2 Description of the principal crop or activity _____
- 3 Did you actively participate in the operation of this farm? Enter "X" in the appropriate box Yes No

Farm Rental Income		Current Year Amount	Prior Year Amount
4	Income from production of livestock, produce, grains, and other crops	4	
5	Total cooperative distributions	5	
6	CCC loans reported under election	6	
7	Total CCC loans forfeited	7	
8	Crop insurance proceeds and certain disaster payments	8	
9	If election to defer, "X" the box.	9	<input type="checkbox"/> <input type="checkbox"/>
10	Amount deferred from last year	10	

Other income (including Federal and state gasoline or fuel tax credit or refund)			
11	_____	11	
12	_____	12	
13	_____	13	
14	_____	14	
15	_____	15	

Assets Placed in Service This Year (Description):		Date Placed In Service	Purchase Amount
A	_____	A	
B	_____	B	
C	_____	C	
D	_____	D	
E	_____	E	
F	_____	F	
G	_____	G	
H	_____	H	

Name _____
 Activity _____

SSN _____

Farm Rental Expenses Cont.

		Current Year Amount	Prior Year Amount
Expenses			
16	Chemicals	16	
17	Conservation expenses	17	
18	Custom hire (machine work)	18	
19	Employee benefit programs (other than on line 28)	19	
20	Feed purchased	20	
21	Fertilizers and lime	21	
22	Freight and trucking	22	
23	Gasoline, fuel, and oil	23	
24	Insurance (other than health)	24	
Interest:			
25	Mortgage (paid to banks, etc.)	25	
26	Other	26	
27	Labor hired (less employment credits)	27	
28	Pension and profit-sharing plans	28	
Rent or lease:			
29	Machinery rental or lease	29	
30	Equipment rental or lease	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
35	_____	35	
36	_____	36	
37	Other (land, animals, etc.) _____	37	
38	_____	38	
39	_____	39	
40	_____	40	
41	_____	41	
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
46	Repairs and maintenance	46	
47	Seeds and plants purchased	47	
48	Storage and warehousing	48	
49	Supplies purchased	49	
50	Taxes	50	
51	Utilities	51	
52	Veterinary, breeding, and medicine	52	
Other Expenses:			
53	Meals and entertainment _____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	

Name _____

SSN _____

Activity _____

Vehicle Information - Farm Rental

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Farm Income and Expenses

Enter "X" in one box: Filer Spouse

General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number) _____
- 2 Principal crop or activity _____
- 3 Accounting Method Enter "X" in the appropriate box Cash Accrual
- 4 Did you "materially participate" in this business? Enter "X" in the appropriate box Yes No
- 5 Did you receive a subsidy in 2016? Yes No

Farm Income - Cash Method (Use only if cash method of accounting)

		Current Year Amount	Prior Year Amount
6	Sales of livestock and other items purchased for resale	6	
7	Cost or other basis of livestock and other items reported on line 6 above	7	
8	Sales of livestock, produce, grains, and other products you raised	8	
9	Total cooperative distributions	9	
10	Agricultural program payments	10	
11	Commodity Credit Corporation loans reported under election	11	
12	Total Commodity Credit Corporation loans forfeited	12	
13	Crop insurance proceeds and certain disaster payments received in 2016	13	
14	If election to defer, "X" the box	14	<input type="checkbox"/> <input type="checkbox"/>
15	Amount deferred from 2015	15	
16	Custom hire (machine work)	16	
17	Other income, including Federal and state gasoline or fuel tax credit or refund	17	

Farm Income - Accrual Method (Use only if accrual method of accounting)

		Current Year Amount	Prior Year Amount
18	Sales of livestock and other items purchased for resale	18	
19	Total cooperative distributions	19	
20	Agricultural program payments	20	
21	CCC loans reported under election	21	
22	Total CCC loans forfeited	22	
23	Crop insurance proceeds	23	
24	Custom hire income	24	
25	Other income, including Federal and state gasoline or fuel tax credit or refund	25	
26	Inventory of livestock, produce, grains, and other products at beginning of the year	26	
27	Cost of livestock, produce, grains, and other products purchased during the year	27	
28	Inventory of livestock, produce, grains, and other products at end of year	28	

Assets Placed in Service This Year

(Description):

A		A	Date Placed In Service	Purchase Amount
B	_____	B		
C	_____	C		
D	_____	D		
E	_____	E		
F	_____	F		
G	_____	G		
H	_____	H		

Name _____
 Principal crop or activity _____

SSN _____

Farm Expenses Cont.

Expenses		Current Year Amount	Prior Year Amount
29	Chemicals	29	
30	Conservation expenses	30	
31	Custom hire (machine work)	31	
32	Employee benefit programs (other than on line 41)	32	
33	Feed purchased	33	
34	Fertilizers and lime	34	
35	Freight and trucking	35	
36	Gasoline, fuel, and oil	36	
37	Insurance (other than health)	37	

Interest:

38	Mortgage (paid to banks, etc.)	38	
39	Other	39	

40	Labor hired (less employment credits)	40	
41	Pension and profit-sharing plans	41	

Rent or lease:

42	Machinery rental or lease	42	
43	Equipment rental or lease	43	
44	_____	44	
45	_____	45	
46	_____	46	
47	_____	47	
48	_____	48	
49	_____	49	

Other (land, animals, etc.)

50	_____	50	
51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	

59	Repairs and maintenance	59	
60	Seeds and plants purchased	60	
61	Storage and warehousing	61	
62	Supplies purchased	62	
63	Taxes	63	
64	Utilities	64	
65	Veterinary, breeding, and medicine	65	

Other Expenses:

66	Meals and entertainment _____	66	
67	_____	67	
68	_____	68	
69	_____	69	
70	_____	70	
71	_____	71	
72	_____	72	

Name _____

SSN _____

Principal crop or activity _____

Vehicle Information - Farm

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 Net operating loss carryover (negative no.)			10		
11 Canceled debts			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees	7		

Other Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans	11		
<input type="checkbox"/>	12	Archer MSA deduction	12		
<input type="checkbox"/>	13	_____	13		
<input type="checkbox"/>	14	_____	14		

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter total traditional IRA contributions made for 2016	1	
2	Enter contributions, on line 1, made after 12/31/2016 and before 04/15/2017	2	
3	Enter value of all traditional IRAs on 12/31/2016	3	
4	Enter amount of any outstanding traditional rollovers as of 1/1/2017	4	
Spouse			
5	Enter total traditional IRA contributions made for 2016	5	
6	Enter contributions, on line 5, made after 12/31/2016 and before 04/15/2017	6	
7	Enter value of all traditional IRAs on 12/31/2016	7	
8	Enter amount of any outstanding traditional rollovers as of 1/1/2017	8	

Roth IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2016 Roth IRA contributions	1	
2	Enter value of all Roth IRAs on 12/31/2016	2	
Spouse			
3	Enter 2016 Roth IRA contributions	3	
4	Enter value of all Roth IRAs on 12/31/2016	4	

SIMPLE IRA

		Current Year Amount	Prior Year Amount
Filer			
1	Enter value of all SIMPLE IRAs on 12/31/2016	1	
Spouse			
2	Enter value of all SIMPLE IRAs on 12/31/2016	2	

Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2016 Coverdell ESA contributions	1	
2	Enter value of the Coverdell ESA on 12/31/2016	2	
Spouse			
3	Enter 2016 Coverdell ESA contributions	3	
4	Enter value of the Coverdell ESA on 12/31/2016	4	

Other

		Current Year Amount	Prior Year Amount
Filer			
1	Repayment of qualified reservist distributions	1	
Spouse			
2	Repayment of qualified reservist distributions	2	

Name _____

SSN _____

Taxes - Itemized Deductions

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

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

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

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

Certain Miscellaneous Deductions - Itemized Deductions

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

Other Miscellaneous Deductions

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

Name _____

SSN _____

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

Information on Donated Property

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

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

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

Name _____

SSN _____

Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses _____

Filer

Spouse

Meals and Entertainment

		Current Year Amount	Prior Year Amount
1	Meals and entertainment expenses		
2	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>

Travel Expenses

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment.	4		

Other Employment Related Expenses

5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8	_____	8		
9	_____	9		
10	_____	10		
11	_____	11		
12	_____	12		

Employer Reimbursements

13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2	13		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2	14		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements	15		

Name _____

SSN _____

Occupation in which you incurred these expenses _____

Vehicle Information - Unreimbursed Employee Business Expenses

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Average daily roundtrip commuting miles	6			
7	Parking fees and tolls	7			
8	Vehicle Interest	8			
9	Vehicle Personal Property tax	9			
Actual Expenses					
10	Gasoline, oil and repairs	10			
11	Vehicle Insurance	11			
12	Vehicle registration fees	12			
13	Vehicle lease or rental	13			
14	_____	14			
15	Value of employer-provided vehicle (if 100% is included in W-2)	15			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Average daily roundtrip commuting miles	6			
7	Parking fees and tolls	7			
8	Vehicle Interest	8			
9	Vehicle Personal Property tax	9			
Actual Expenses					
10	Gasoline, oil and repairs	10			
11	Vehicle Insurance	11			
12	Vehicle registration fees	12			
13	Vehicle lease or rental	13			
14	_____	14			
15	Value of employer-provided vehicle (if 100% is included in W-2)	15			

