2016 Summary Organizer Personal and Dependent Information

Personal Information													
	Name							SSN		Date of Birth			
Taxpayer													
Spouse													
Street address, city, state, and ZIP													
			Оссиј	oation			Dayt	ime Phone	E	Evening Phone Cell Phone			hone
Taxpayer													
Spouse													
Taxpayer	Email												
Spouse E	mail												
Marital Star	tus at en	d of 2016			1	Taxpay	<u>er</u>	<u>Spous</u>	<u>e</u>				
Married						Yes	□ No	Yes	□ No	Are you blin			
☐ Married ☐ Single	filing se	parately				∐ Yes ☐ Yes	∐ No □ No	Yes Yes	∐ No	No Are you disabled? No Are you a full-time student?			
Widow(er), Date	of Spouse'	s Death			☐ Yes	□ No	Yes	_ ∏ No	Do you wan	t \$3 to go	to the	
		ormatio	 1		<u> </u>				_	Presidential	Election	Campaigr	Fund?
									Months		Ī	Full-	Healthcare
		First and	I last name		s	SN	Relat	tionship	in Home	Date of Birth	Disabled	time Student	coverage ALL year
List depen	dents re	quired to f	le a return										
Estimat	es												
			Date Paid	Federal	mount		Resid	lent State Ame	ount	Date F		ent City A	mount
Overpaym from 2015	ent appli	ied											
First quarte	er							<u> </u>					
Second qu	ıarter									_			
Third quar	ter												
Fourth qua	arter												
Additional	payment	ts											
Appointment Information & Notes													
Your 2016 appointment is scheduled for													
Notes -													

Income			
Name:	SSN:		
Wages & Salaries			
Attach all copies of Form W-2			
Employer name	2016 federal	2015 federal	
Employer name	wages	wages	
Retirement			
Attach all copies of Form 1099-R			
Payer name	2016 distribution	2015 distribution	
Fayer name	distribution	distribution	
	,		
Form 1099-Misc Income Attach all copies of Form 1099-MISC (* Also reported on Schedule C or E)			
Attach all copies of Form 1099-10100 (Also reported on schedule 0 of E)	2016	2015	
Payer name	amount	amount	

Other Income and Adjustments

Name:			SSN	:
Other Income				
	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Scholarships or grants not reported on Form W-2				
State income tax refund (attach Forms 1099-G)				
Alimony received · · · · · · · · · · · · · · · · · · ·				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2016				
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Other income:				
Adjustments				
	2016 Taxpayer	2015 Taxpayer	2016 Spouse	2015 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA) · · · · · · · · ·				
Alimony paid				
Name:SSN:				
Name:SSN:				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Contributions made to a myRA				
Interest paid on a student loan				
Other adjustments:				
Job-related Moving Expenses				
Job-related Moving Expenses			2016	2015
Number of miles from old home to old workplace				20.0
Expense to move household goods & personal effects and lodging expenses v	while traveling to v	our new home		
(Do not include cost of meals)				
☐ This was a military move				

	Expenses Related to Business
Name:	SSN:
Auto Expense	
Name of business vehicle is used for Description of vehicle	
Another vehicle is available for personal This vehicle is available for use during of Number of miles the vehicle was driven during Business Commuting	use
Garage rent · · · · · · · · · · · · · · · · · · ·	
Gas	Repairs
Insurance	Tires
Licenses · · · · · · · · · · · · · · · · · ·	Tolls
Oil	Other expenses
Parking fees · · · · · · · · · · · · · · · ·	
Lease payments	
Interest	
Business Use of Home	
What is the total square footage of your home For daycare facilities, not used exclusively for the How many days during the year was the area. The daycare facility was in operation for Expenses	business, complete the following questions a used How many hours per day was the area used
Mortgage interest	In the "Office expenses" column,
Real estate taxes	enter those expenses that
Excess mortgage interest	pertain exclusively to your office; in the "Home expenses" column,
Insurance	enter those expenses that
Rent	pertain to the entire dwelling.
Repairs & maintenance	
Utilities · · · · · · · · · · · · · · · · · · ·	
Other expenses	

Healthcare Coverage Questionnaire

	annound do to ago quodionium	
Name:		SSN:

Name: SSN:							
Healthcare Information							
		Had healthcare coverage:	For the entire year	For part of the year (Less than 12 months)	No healthcare coverage at all		
YES	NO						
		Did anyone other than you or your spouse pay for healthcare coverage for	anyone listed above?	?			
		Did you pay for healthcare coverage for anyone not listed above?					
		coverage for any part of the year: was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other					
		t have coverage part or all of the year:					
Ans	wer YĿ □	S if it applies to any member of the household Was your previous insurance policy cancelled in 2016?					
		Was coverage offered by your employer or your spouse's employer?					
		Are you a member of a federally recognized Indian tribe?					
		Are you eligible for services through an Indian healthcare provider?					
		Are you a member of a healthcare sharing ministry?					
		,					
		Did you live in the United States the entire year?					
		Are you enrolled in TRICARE?					
		Did you apply for CHIP coverage?					
Ш	Ц	Do any of the following apply to you? Do NOT indicate which one. • Became homeless					
	Evicted in the past six months, or facing eviction or foreclosure						
	Received a shut-off notice from a utility company						
		Recently experienced domestic violence					
		 Recently experienced the death of a close family member Recently experienced a fire, flood, or other natural or human-caused dis 	saster				
		that resulted in substantial damage to your property					
	Filed for bankruptcy in the last six months						
		 Incurred unreimbursed medical expenses in the last 24 months that res Experienced unexpected increases in essential expenses due to caring 		ebt			
	ill, disabled, or aging family member						