

TAXPAYERS CHECKLIST FOR 2016 INDIVIDUAL PROFORMA - Page 1

PLEASE CHECK ANY BOXES THAT HAVE A YES ANSWER

- Has your address changed from last year?
- Are there changes in dependents?
- Did you receive advance earned income credit from your employer?
- If you are claiming deductions for travel/entertainment/business gifts you must substantiate by adequate records:
Do you have the required substantiation?

If you do list them below:

(01) Amount		
(02) Time and place		
(03) Date and description of gift		
(04) Business relationship		
(05) Business purpose		

- Did you forfeit any interest from closing a CD account?
- Did you or do you own a diesel powered car or light truck?
- Did you receive disability payments?
- Did you suffer a casualty such as theft or storm damage?
- Were you involved in a new business in 2016?
- Did you purchase assets for use in a business in 2016?
- Did you purchase gasoline, etc. for a non-highway vehicle?
- Did you receive correspondence from the IRS or state?
- Did you have any foreign taxable income or foreign tax?
- Did you make or receive alimony payments?
- Did you move for employment or business reasons?
- Did you buy or sell real estate or securities?
- Did you collect unemployment or social security?
- Did you or do you plan to make a Keogh or IRA contribution?
- Did you make a withdrawal from an IRA, Keogh or retirement plan?

<input type="checkbox"/> Did you make payments for child care?	If yes, please provide the following:
(01) Child(ren) name(s)	
(02) Amounts paid	
(03) Care provider's name	
(04) Care provider's ID number	
(05) Care provider's phone number	

- Did you sell or purchase a home? If yes, provide escrow paperwork.
- Did you receive payments on prior year sales of property?
- Did you operate a business in 2016?
- Did you use your car in your work or business?
- Did you purchase or lease an automobile used in work?
- Do you expect your 2017 income to be substantially different from 2016?
- Do you expect your taxes withheld from W-2 wages or salaries to be substantially different from 2016?
- Did you receive any income not entered anywhere else?
- Did you make any gifts of more than \$14,000 to any individual?
- Did you make gifts or contributions to a trust?
- Did your marital status change?
- Were you a resident of your state all year?
- Do you wish to have your tax return mailed to an address other than on the return?

- Did you receive stock options or grants from your employer?
- Did you exercise a stock option?
- Did you adopt a child?
- Do you use a portion of your home as an office?
- Did you purchase a certified clean-burning fuel vehicle?
- Did you make improvements to your home which increased its energy efficiency?

AFFORDABLE CARE ACT CHECKLIST FOR 2016 INDIVIDUAL PROFORMA

PLEASE CHECK ANY BOXES THAT HAVE A YES ANSWER

Premium Tax Credit (Form 8962)

- Did you or any member of your household enroll in a qualified health plan offered through the Marketplace?
If Yes, bring your Health Insurance Marketplace Statement(s) (Form 1095-A)
If No than skip to the Health Coverage Exemptions section.

Allocation of Policy Amounts

- Did you divorce or become legally separated from your spouse in 2016?
 Did another taxpayer claim the personal exemption for an individual you enrolled in a policy?
 Did you claim the personal exemption for an individual that another taxpayer enrolled in a policy?
 Did your policy cover at least one individual in your tax family AND cover at least one individual not in your tax family?
 Does the information provided to the Marketplace at enrollment regarding who would claim the personal exemptions for covered individuals match who will claim the personal exemptions for those individuals for 2016?
 Did each tax family receive a separate Form 1095-A AND did each Form 1095-A have an advance payment of the premium tax credit (APTC) amount shown on Form 1095-A, line 33, column C?

Alternative Calculation for Year of Marriage Eligibility (May apply if you got married during the year)

- Were you and your spouse each unmarried on January 1, 2016?
 Was anyone in your tax family enrolled in a qualified health plan before your first full month of marriage?

Health Coverage Exemptions (Form 8965)

Bring in any Form(s) 1095-B and/or 1095-C received.

- Did you and everyone in your household have qualifying health care coverage for the entire year? If Yes, stop here.
 Did you or anyone in your household receive a Marketplace granted coverage exemption?
If No, skip to Coverage Exemptions Claimed on Tax Return section

Marketplace-Granted Coverage Exemptions

The Marketplace will send an Exemption Certificate Number (ECN) to anyone that was granted a Marketplace-Granted Coverage Exemption. If you were granted this exemption and you did not receive your ECN, contact the Marketplace to obtain your ECN.

- Are you or anyone in your household a member of a recognized religious sect?
 Are you or anyone in your household experiencing circumstances that prevent you from obtaining coverage under a qualified health plan?
 Do you not have access to affordable coverage based on your projected household income?
 Are you or anyone in your household ineligible for Medicaid solely because the state in which you live does not participate in the Medicaid expansion under the Affordable Care Act?
 Have you or anyone in your household been notified that your health insurance policy will not be renewed and you consider the other plans available unaffordable?

Coverage Exemptions Claimed on Tax Return

- Did you or anyone in your household go without insurance for three or more consecutive months?
 Did you or anyone in your household live abroad or were a noncitizen?
 Were you or anyone in your household a member of a health care sharing ministry?
 Were you or anyone in your household a member of a federally-recognized Indian tribe or were you otherwise eligible for services through an Indian health care provider or the Indian Health Service?
 Were you or anyone in your household in jail or prison?
 Were two or more family members' aggregate cost of self-only employer-sponsored coverage more than 8.13% of household income, as was the cost of any available employer-sponsored coverage for the entire family?
 Was you household income below 138% of the federal poverty line for your family size and at any time in 2016 you resided in a state that didn't participate in Medicaid expansion under the Affordable Care Act?
 During 2016 was a child added to your household by birth or adoption or a member of your tax household died and you can't check the full-year coverage checkbox on your return?
 Were you or another member of your tax household eligible to claim the health coverage tax credit in any month between July and December 2016?

03 Filing Status **01 - Single** **04 - Head of Household** if qualifier is NOT your dependent enter info below
02 - Married Filing Joint **05 - Qualifying Widow(er)** (year spouse died)
03 - Married Filing Separate

Head of Household questions if child does not qualify as dependent

01 - Child's name **02 - Child's age**
03 - Child's SSN **04 - Relationship**
05 - Months lived with
06 - Was child born before 1998 and under age 24 at the end of 2016 and a student? Yes
07 - Was child permanently and totally disabled during any part of 2016? Yes
08 - Does this child qualify you for the EIC? (If checked, child will carry to EIC) Yes

08 Names First Middle Initial Last Suffix

Taxpayer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

09 Taxpayer social security number **Spouse social security number**

10 Street Address **Apartment number**

11 City **State** **Zip**

12 Address change? Yes **13 Address type** 0 - domestic
1 - APO/FPO
2 - stateside military
3 - foreign address **Foreign country**

14 Phone Numbers (01) Daytime (02) Taxpayer's work
(03) Spouse's work (04) Home (05) Taxpayer's cell
(06) Spouse's cell (07) Fax
(08) Taxpayer's e-mail address
(09) Spouse's e-mail address
(12) Taxpayer's DLN (13) Issuing state (14) Issue date (15) Expiration date
(16) Spouse's DLN (17) Issuing state (18) Issue date (19) Expiration date

15 Occupations Taxpayer Spouse

16 County Name Code

17 School District Name Code

19 Age / Date of Birth Taxpayer Date of Birth Age [20] Taxpayer Blind Yes
Spouse Date of Birth Age [21] Spouse Blind Yes

Dependents, special filing categories, election campaign contributions, etc.

[22] Add	[23] Change/Delete	First Name	Last Name	Suffix	Age	Birth Date	SSN	Relationship	Mo.

25 Special Filing Categories 00 - Standard Deduction OK
01 - Married Filing Separate - Spouse Itemizes or Dual Status Alien
02 - Dependent of Another
03 - Itemizing for State or Other Purpose

26 Date of Death Taxpayer Spouse
Name of person filing return (leave blank if there is a surviving spouse)

27 Presidential Campaign Taxpayer **28 Presidential Campaign** Spouse

35 In care of name

1040	Income	Taxpayer		Spouse	
		Current Year	Last Year	Current Year	Last Year
		(01) Additional wages ··· Desc. _____	01		
(02) Taxable state tax refunds ···········	02				
(03) Alimony received ···········	03				
(04) Unemployment compensation ·········	04				
(05) Total social security benefits ·······	05				
Medicare premiums ·········					
Federal taxes withheld ·········					

06	Other Income Items	Taxpayer		Spouse	
		Current Year	Last Year	Current Year	Last Year
		01	Earned Income	Yes	
02		Yes			
03		Yes			
04		Yes			

1040	Adjustments	Taxpayer		Spouse	
		Current Year	Last Year	Current Year	Last Year
		(07) Educator expenses ·········	07		
(08) Self-employed SEP, SIMPLE and qualified plans ·····	08				
(09) SE health ins. ded. 2% Shareholder <input type="checkbox"/> S Corp wages <input type="text"/>	09				
(10) Penalty on early withdrawal of savings ·······	10				
(11) Alimony Paid Recipient's SSN <input type="text"/>	11				
(12) Traditional IRA contributions (PP) Taxpayer <input type="checkbox"/> (PP) Spouse <input type="checkbox"/>	12				
(13) Roth IRA contributions ·······	13				
(14) Interest paid on student loans ·······	14				
(15) Jury duty pay given to employer ·······	15				
(16) Other adjustments ·······	16				
Description/EFILE literal ·······					

1040	Payments	Taxpayer		Spouse	
		Current Year	Last Year	Current Year	Last Year
		(17) Federal tax withheld from W-2 ·······	01		
Additional federal tax withheld ·······	02				
Federal State					
(18) 2016 Estimated tax payments	Date Paid	Amount Paid	Amount Due	Amount Paid	Amount Due
(01) Installment #1 - Due date 04-15-2016	01				
(02) Installment #2 - Due date 06-15-2016	02				
(03) Installment #3 - Due date 09-15-2016	03				
(04) Installment #4 - Due date 01-15-2017	04				
Amount applied from last years refund ·······					
Total 2016 estimated payments ·······					
(05) 2015 4th quarter state estimate paid in 2016					
to be included in Schedule A total ·····	05				
(19) Paid with extension ·······	19				
(20) Excess FICA & RRTA tax withheld from W-2 ·······	20				
Additional amount or adjustment ·······					
(21) Regulated investment company credit ·······	21				

1040	Other	Current Year	Last Year		
		(22) Overpayment to be applied to estimates Apply ALL overpayment to estimates <input type="checkbox"/>	22		
		(23) Additional tax ······· Description _____	23		
(24) Tax from recapture of education credit (ECR) ·······	24				
(25) Other credit ······· Form number <input type="text"/>	25				
(26) Additional payment "IRC 1341" ·······	26				
(27) Interest included in payment ·······	27				
(28) Penalties included in payment ·······	28				

Tax prep fee Client Number Preparer number

Bank Information: RTN Account number Checking Savings

81

W-2, 1099R Pension, 1099R IRA, W-2G

Client:

Client No.

W-2 (Standard)

T/S	Employer Name/FEIN	Gross	FWT	SS	Medicare	SDI	SWT
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

1099R Pension

T/S	Payer's Name/FEIN	Gross	Taxable Amount	FWT	SWT
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

1099R IRA

T/S	Payer's Name/FEIN	Gross	Taxable Amount	FWT	SWT
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

W-2G Gambling

T/S	Payer's Name/FEIN	Gross Winnings	Type of Wager	FWT	SWT
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

01		Schedule A – Itemized Deductions					
Client:				Client no.			
Medical		Current Year	Last Year	Taxes		Current Year	Last Year
Medical insurance	02			Additional state and local taxes	20		
Medicare premiums	03			Nontaxable income	25		
Self-employed health insurance	04			Additional sales tax paid on motor veh., etc.	26		
Medicine and drugs	05			Actual sales tax paid (Override)	27		
Doctors, dentists, etc.	06			Real estate	29		
Hospitals	07			Personal property	30		
Transportation miles	08			Auto license fee	31		
Therapy	09						
Glasses, etc.	10						
Orthopedic devices	11						
Nursing	12				32		
	13				33		
	14			Fed	34		
	15			State	35		
	16			Interest		Current Year	Last Year
Fed	17			Home mortgage interest from 1098 #1	36		
State	18			Home mortgage interest from 1098 #2	37		
Other medical overflow (total)	19			Home mortgage interest from 1098 #3	38		
Contributions		Current Year	Last Year	Home equity mortgage interest	39		
Contribution by cash or check (50%)	47			Seller financed interest	40		
Contribution by cash or check (30%)	48						
Contributions from K-1s				Other home mortgage interest #1	41		
Other than cash (Form 8283)	49			Other home mortgage interest #2	42		
Other than cash under \$500	50			Deductible points	43		
Carryovers (50%)	51			Qualified mortgage insurance premiums paid	44		
Carryovers (30%)	52			Deductible investment interest (Override)	46		
Carryovers (Special 30%)	53			Misc. Subject to 2% AGI Limit		Current Year	Last Year
Carryovers (20%)	54			Unreim. employee bus. exp. (Form 2106)	67		
Church	55			Union dues	68		
United Way	56			Tax preparation fees	69		
Red Cross/March of Dimes	57			Education	70		
Misc. organized charity	58			Educator	71		
Transportation miles	59			Job supplies	72		
	60			Auto	73		
	61			Publications	74		
	62			Safe deposit box	75		
Fed	63			Business use of home	76		
State	64				78		
Other contributions overflow (total)	65				79		
Casualty & Theft Loss		Current Year	Last Year		80		
Casualty and theft loss	66				81		
Control Totals					82		
Total medical					83		
Total taxes				Fed	84		
Total interest				State	85		
Total contributions				Job related expenses overflow (total)	86		
Total casualty loss				Other Misc. NOT Subject to 2%		Current Year	Last Year
Moving expenses					87		
Total miscellaneous subject to 2% of AGI					88		
Total miscellaneous NOT subject to 2%					89		
					90		
				Gambling losses	91		
				Casualty and theft loss			

01

Schedule A – Itemized Deductions (Overflows)

Client:

Client no.

(19) Other Medical Overflow

Current Year

Last Year

(86) Job Related Expenses

Current Year

Last Year

	01				01		
	02				02		
	03				03		
	04				04		
	05				05		
	06				06		
	07				07		
	08				08		
	09				09		
	10				10		
	11				11		
	12				12		
	13				13		
	14				14		
	15				15		
	16				16		
	17				17		
	18				18		
	19				19		
	20				20		

(65) Contributions Overflow

Current Year

Last Year

	01		
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		

02		Schedule B - Interest and Ordinary Dividends										Client no. _____			
J/T/S - Under this column enter: (1) if Taxpayer only, (2) if Spouse only, or (3) if Joint filing Type of interest: (01) Taxable to both, (02) Tax exempt to both, (03) Taxable to Fed, tax exempt to State, (04) Taxable to State, tax exempt to Fed (05) Nominee Distribution, (06) Accrued Interest, (07) Original Issue Discount, or (08) Amortizable Bond Premium															
Part I - Interest															
(06) Add	(07) Change/Delete	Federal Gross			State Gross			Federal W/H							
J/T/S	Type	Current Year	Last Year	Current Year	Last Year	Current Year	Last Year	Current Year	Last Year	Current Year	Last Year				
Part II - Ordinary Dividends															
(10) Add	(11) Change/Delete	Dividend			Capital Gain Distribution			Nontaxable Distribution							
J/T/S	Payer	Ordinary	Last Year	Qualified	Last Year	Total	Last Year	Sec. 1250	Last Year	28% Rate	Last Year	Current	Last Year	Fed W/H	
(09) Seller Financed Mortgage Interest															
#	Payer	Address										ID Number	Current Year		
Other Info															
Interest in foreign account?		01		Seller financed mortgage interest										Total ordinary dividend income	
Did you have a foreign trust?		02		Total other interest										Total capital gain distributions	
Required to file FinCEN Form 114?		03		Total interest										Total 28% rate gain	
Foreign country				Total tax-exempt interest										Total section 1250 gain	
Form 8875 (Override)		04		Total gross profits for transactions										Total nontaxable distributions	
Form 8874 qual. div. (Override)		13		Foreign taxes paid										Total dividends	
Control Totals															
												Total ordinary dividend income			
												Total capital gain distributions			
												Total 28% rate gain			
												Total section 1250 gain			
												Total nontaxable distributions			
												Total dividends			

02

Schedule B - Interest

Client no.

J/T/S - Under this column enter: (1) if Taxpayer only, (2) if Spouse only, or (3) if Joint filing

Type of interest: (01) Taxable to both, (02) Tax exempt to both, (03) Taxable to Fed, tax exempt to State, (04) Taxable to State, tax exempt to Fed (05) Nominee Distribution, (06) Accrued Interest, (07) Original Issue Discount, or (08) Amortizable Bond Premium

(06) Add (07) Change/Delete

Table with columns: J/T/S, Type, Payer, Federal Gross (Current Year, Last Year), State Gross (Current Year, Last Year), Federal W/H (Current Year, Last Year)

(09) Seller Financed Mortgage Interest

Table with columns: #, Payer, Address, ID Number, Current Yr

Other Info

Control Totals

Summary table with rows for interest types and control totals, including fields like 'Interest in foreign account?', 'Did you have a foreign trust?', 'Required to file FinCEN Form 114?', 'Form 8815 (Override)', 'Form 8814 qual. div. (Override)', 'Foreign taxes paid', 'Seller financed mortgage interest', 'Total other interest', 'Total interest', 'Total tax-exempt interest', 'Total gross profits for transactions'.

Sch C		Basic Information		Current		Last Yr	
(01) Name of proprietor	01		(13) Are all amounts at risk?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(02) Principal business	02		(14) Was there a change in inventory valuation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(03) Business code	03		Explanation				
(05) Business name	05		(15) Did you materially participate this year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(06) Business street address	06		(16) First Schedule C filed for this business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(07) Business city, state, zip	07		(17) Make any payments this year that require filing 1099?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(08) Employer ID no.	08		(18) If 'Yes' to preceding question, did/will you file 1099?	<input type="checkbox"/>		<input type="checkbox"/>	
(09) Accounting method	09		(19) Statutory employees?	<input type="checkbox"/>		<input type="checkbox"/>	
(10) Inventory valuation	10		(20) Have any employees?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(11) Taxpayer or Spouse?	11		(21) Disposed of?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
(12) Use Schedule C-EZ if allowed?		<input type="checkbox"/>	Current	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Last Yr
			(22) Prior year unallowed loss				
			(23) Split net profit/loss between taxpayer and spouse?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

Sch C		Income		Current Year		Last Year	
(24) Gross receipts or sales	24						
(25) Returns and allowances plus any other adjustments	25						
(26) Gas/fuel credit/refund	26						
(27) Other income	27						
(28) Other income overflow (10 items)	28						

Sch C		Expenses		Current Year		Last Year	
(29) Advertising	29						
(30) Car & truck worksheet	30						
(31) Car & truck (Attach Form 4562)	31						
(32) Commissions	32						
(33) Contract labor	33						
(34) Depletion	34						
(35) Depreciation	35						
(36) Employee benefit program	36						
(37) Insurance	37						
(38) Mortgage interest	38						
(39) Other interest	39						
(40) Legal & professional services	40						
(41) Office expenses	41						
(42) Pension/profit sharing	42						
(43) Rent/lease machinery/equipment	43						
(44) Rent/lease other	44						
(45) Repairs	45						
(46) Supplies	46						
(47) Taxes	47						
(48) Travel	48						
(49) Meals and entertainment	49						
(50) Subject to DOT hours of service limits?	50						
(51) Utilities & telephone	51						
(52) Wages	52						
(53) Employment credits	53						
(54) Other expenses overflow (20 items)	54						
(55) Business use of home (Form 8829)	55						
(57) Area of home used exclusively for business (limited to 300 sq ft)(simplified method for business use of home)	57						
Total square footage of home (simplified method for business use of home)							

Sch C		Cost of Goods Sold		Current Year		Last Year	
(60) Inventory at beginning of year	60						
(61) Purchases less cost of items withdrawn for personal uses	61						
(62) Cost of labor (Do not include salary paid to yourself)	62						
(63) Materials and supplies	63						
(64) Other costs	64						
(65) Inventory at end of year	65						

Client: _____

Client no. _____

Sch C		(28) Other Income Overflow Items		
		Description	Current Year	Last Year
(01) Item #1			01	
(02) Item #2			02	
(03) Item #3			03	
(04) Item #4			04	
(05) Item #5			05	
(06) Item #6			06	
(07) Item #7			07	
(08) Item #8			08	
(09) Item #9			09	
(10) Item #10			10	

Sch C		(54) Other Expenses Overflow Items		
		Description	Current Year	Last Year
(01) Item #1			01	
(02) Item #2			02	
(03) Item #3			03	
(04) Item #4			04	
(05) Item #5			05	
(06) Item #6			06	
(07) Item #7			07	
(08) Item #8			08	
(09) Item #9			09	
(10) Item #10			10	
(11) Item #11			11	
(12) Item #12			12	
(13) Item #13			13	
(14) Item #14			14	
(15) Item #15			15	
(16) Item #16			16	
(17) Item #17			17	
(18) Item #18			18	
(19) Item #19			19	
(20) Item #20			20	

Client: _____

Client no. _____

Sch C	Car and Truck Worksheet Questions	Current Year		Last Year	
(01)	Do you have another car for personal use?	01	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(02)	Was your vehicle available during off-duty hours?	02	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(03)	Do you have evidence to support your deduction?	03	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(04)	Is the evidence written?	04	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(05)	Policy statement that prohibits personal use including commuting?	05	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(06)	Policy statement that prohibits personal use not including commuting?	06	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(07)	Is all employee vehicle use treated as personal?	07	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(08)	Are more than 5 vehicles provided to employees?	08	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(09)	Do you meet the fleet requirements?	09	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(10)	Carry to 4562 number (Enter 0 not to carry)	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sch C	Car and Truck Worksheet Vehicle Expenses							
	Vehicle #1				Vehicle #2			
	Current Year	Last Year		Current Year	Last Year		Current Year	Last Year
Eligible for the standard mileage rate?	11		28					
Type of vehicle	12		29					
Date vehicle placed in service	13		30					
Recovery period	14		31					
Method/convention	15		32					
Cost or other basis	16		33					
Basis for depreciation	17		34					
Depreciation deduction	18		35					
Elected section 179 cost	19		36					
Total mileage during the year	20		37					
Business part of mileage	21		38					
Avg daily commuting distance	22		39					
Total commuting miles	23		40					
Gas, oil, repairs, etc.	24		41					
Vehicle rentals	25		42					
Inclusion amount	26		43					
Employer-provided car value	27		44					
Vehicle #3								
	Current Year	Last Year		Current Year	Last Year		Current Year	Last Year
Eligible for the standard mileage rate?	45		62					
Type of vehicle	46		63					
Date vehicle placed in service	47		64					
Recovery period	48		65					
Method/convention	49		66					
Cost or other basis	50		67					
Basis for depreciation	51		68					
Depreciation deduction	52		69					
Elected section 179 cost	53		70					
Total mileage during the year	54		71					
Business part of mileage	55		72					
Avg daily commuting distance	56		73					
Total commuting miles	57		74					
Gas, oil, repairs, etc.	58		75					
Vehicle rentals	59		76					
Inclusion amount	60		77					
Employer-provided car value	61		78					

Client: _____

Client no. _____

		Current Year	Last Year
(01) Area used exclusively for business	01		
Total area of home			
(02) Day care facility not used exclusively for business. Number of days	02		
Hours per day			
(03) Total number of days available	03		
(04) Hours per year	04		
(05) Net gain/loss from business use of home on Schedule D/Form 4797	05		

Direct Expenses

Indirect Expenses

		Current Year	Last Year
(06) Casualty losses	06		
(07) Deductible mortgage interest	07		
(08) Real estate taxes	08		
(09) Excess mortgage interest	09		
(10) Insurance	10		
(11) Repairs and maintenance	11		
(12) Rent	12		
(13) Utilities	13		
(14) Other expenses	14		

		Current Year	Last Year
(06) Casualty losses	06		
(07) Deductible mortgage interest	07		
(08) Real estate taxes	08		
(09) Excess mortgage interest	09		
(10) Insurance	10		
(11) Repairs and maintenance	11		
(12) Rent	12		
(13) Utilities	13		
(14) Other expenses	14		

		Current Year	Last Year
(15) Carryover of operating expenses from prior year	15		
(16) Excess casualty losses	16		
(17) Carryover of excess casualty losses and depreciation from prior year	17		
(18) Casualty losses included in lines 14 and 31	18		
(19) Smaller of homes adjusted basis or its fair market value	19		
(20) Value of land included in basis/fair market value	20		
(21) Part III depreciation percentage (Override of line 40)	21		
(22) Part III depreciation allowable (Override of line 41)	22		
(23) Date on which home was first used for business	23		
(24) Disable automatic carry of excess mortgage interest to Schedule A?	24		
(25) Disable automatic carry of excess real estate taxes to Schedule A?	25		

Client: _____

Client no. _____

(01) Add (02) Change/Delete Schedule D – Transactions

#	Description	Date Acquired (1)	Date Sold (2)	Sales Price	Federal Cost	State Cost	T/S/J	Adj.	1099B (3)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									

(1) Enter date or (V)arious, or (I)nherited (2) Enter date or (W)orthless (3) 0-1099-B shows basis 1-1099-B doesn't show basis 2-No 1099 received

Total of Transactions In Lieu of Reporting Individual Transactions on Form 8949

Reported on 1099-B for which basis was reported to IRS and no adjustments

	Sales Price	Cost
(03) Total for all short-term transactions		
(04) Total for all long-term transactions		

Overrides and Other Scheduled Items

	Short Term Gain/Loss		Long Term Gain/Loss	
	Taxpayer	Spouse	Taxpayer	Spouse
(05) Sale of home (Pub 523)				
(06) Partnerships, S corps, Fiduciaries (K-1's)				
(07) Loss carryovers				
(08) Capital gain distributions				
(09) Form 4797				
(10) Installment sales (Form 6252)				
(11) Like kind exchanges (Form 8824)				
(12) Casualties and thefts (Form 4684)				
(13) Contracts and straddles (Form 6781)				
(14) Undistributed long-term capital gains (Form 2439)				

(15) Unrecaptured section 1250 gain (Override) _____

(16) Total of all collectibles from Forms 4684, 6252, 6781, 8824, 2439, partnership and S corp K-1's _____

Client: _____

Client no. _____

#	□	Description	01	
		Address	02-05	
#	□	Description	01	
		Address	02-05	

		Item Number ()		Item Number ()	
		Current Year	Last Year	Current Year	Last Year
(17) Payments received	17			17	
(18) Deductible rental loss override	18			18	
Other Expenses					
(19) Advertising	19			19	
(20) Auto and travel	20			20	
(21) Cleaning and maintenance	21			21	
(22) Commissions	22			22	
(23) Insurance	23			23	
(24) Legal and professional fees	24			24	
(25) Management fees	25			25	
(26) Mortgage interest paid	26			26	
(27) Other interest	27			27	
(28) Repairs	28			28	
(29) Supplies	29			29	
(30) Taxes	30			30	
(31) Utilities	31			31	
(32) _____	32				
(33) _____	33				
(34) _____	34				
(35) _____	35				
(36) _____	36				
(37) _____	37				
(38) _____	38				
(32) _____				32	
(33) _____				33	
(34) _____				34	
(35) _____				35	
(36) _____				36	
(37) _____				37	
(38) _____				38	
(51) Passive loss carryover	51			51	
(52) Depreciation or depletion expenses	52			52	
(06) Percent of rent. prop. owned (default is 100 %)	06			06	
(07) Is this for (T)axpayer, (S)pouse or (J)oint	07			07	
(08) Type of property *	08			08	
(09) Number of fair rental days	09			09	
(10) Number of personal use days	10			10	
(11) Is this a qualified joint venture?	11			11	
(12) Is this an actively managed rental?	12			12	
(13) Passive if profitable (30% depr. asset rule)	13			13	
(14) Property owned by a real estate pro?	14			14	
(15) Has rental been disposed of in this year?	15			15	
(16) Gain or loss on disposition	16			16	

* Type of Property

- | | | | |
|-----------------------------|--------------------------------|---------------|----------------------|
| 1 - Single Family Residence | 3 - Vacation/Short-Term Rental | 5 - Land | 7 - Self-Rental |
| 2 - Multi-Family Residence | 4 - Commercial | 6 - Royalties | 8 - Other (describe) |

Client: _____

Client no. _____

- | | | | | | |
|------|------------------------------------------------------------------------------------------|--------------------------|-----|--------------------------|-----|
| | | Current Year | | Last Year | |
| (03) | Did you make any payments during year that would require you to file Form(s) 1099? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |
| (04) | If 'Yes' to preceding question, did you or will you file all requested Forms 1099? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |

Sch E Part IV Income or (loss) from REMIC'S

- | | | | |
|------|----------------------------------------|-----------|--|
| (05) | Name | 05 | |
| (06) | Employer Id | 06 | |
| (07) | Excess inclusion (Sch Q line 2c) | 07 | |
| (08) | Taxable income (Sch Q line 1b) | 08 | |
| (09) | Income from Sch Q line 3b | 09 | |
- (11) Reporting losses not allowed in prior years due to at-risk or basis limitations, PAL's not reported on 8582 or unreimbursed partnership expenses? Yes

Sch E (10) Part V – Summary/ReconcillationAmounts

- | | | Current Year | Last Year |
|------|--------------------------------------------------------------------|--------------|-----------|
| (01) | Net farm rental income(loss) – Taxpayer | 01 | |
| (02) | Net farm rental income(loss) – Spouse | 02 | |
| (03) | Reconcillation of farm & fish income – Taxpayer | 03 | |
| (04) | Reconcillation of farm & fish income – Spouse | 04 | |
| (05) | Reconcillation of rental real estate income(loss) – Taxpayer | 05 | |
| (06) | Reconcillation of rental real estate income(loss) – Spouse | 06 | |

Control Totals

- | | | |
|----------|---------------------------------------------------------------|--|
| Part I | Income or Loss from Rental Real Estate / Royalties | |
| | (including royalties from K-1 Input in the amounts of) | |
| Part II | Income or Loss from Partnerships & S Corp's | |
| Part III | Income or Loss from Estates and Trusts | |
| Part IV | Income or Loss from REMICs | |
| Part V | Total Income or Loss | |

Client: _____

Client no. _____

Part I Persons or Organizations Who Provided the Care

	Name	Street Address	Phone Number
01			
02			
03			
04			
05			
06			
07			
08			

	City, State, Zip	Fed I.D. Number	State I.D. Number	Amount Paid	
				Current Year	Last Year
01					
02					
03					
04					
05					
06					
07					
08					

Part II Qualifying Persons

	First Name	Last Name	Suffix	SSN	Qualified Expenses	
					Current Year	Last Year
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						

		Current Year	Last Year
(07)	Qualified expenses incurred & paid (total) (Override)	07	
(08)	Taxpayers earned income (Override)	08	
(09)	Spouses earned income (Override)	09	
(10)	Prior year expenses paid in current year (See worksheet A in Pub 503)	10	
(11)	Person's name (Prior year expenses)	11	
(12)	Person's SSN (Prior year expenses)	12	

PART III Dependent Care Benefits

		Current Year	Last Year
(13)	Dependent care benefits received for the year	13	
(14)	Amount carried from prior year and used in current year	14	
(15)	Amount forfeited or carried forward to next year	15	
(16)	Dependent care benefits received from sole proprietorship or partnership	16	
(17)	Married filing separate but considered unmarried	17	

Client: _____

Client no. _____

Part I Employee Business Expenses and Reimbursements

(01) Occupation	01				
(02) Is this employee a reservist, qualified performing artist or fee-basis state or local government official?	02	Yes		Yes	
(03) Is this employee subject to DOT service limits?	03	Yes		Yes	
		Other than Meals and Entertainment	Meals and Entertainment		
		Current Year	Last Year	Current Year	Last Year
(04) Parking fees, tolls and transportation etc.	04				
(05) Travel expenses NOT include meals and entertainment	05				
(06) Business expenses not included above	06				
(07) Meal and entertainment expenses	07				
(08) Reimbursements received from your employer that were not reported to you in box 1 of Form W-2	08				
(09) Office in Home Worksheet	09				

Part II Vehicle Expenses

		Current Year	Last Year
(10) Employer provided vehicle *	10		
(11) Do you or your spouse have another car for personal use?	11		
(12) Do you have evidence to support your deduction?	12		
(13) If "Yes" is the evidence written?	13		
(14) Is vehicle #1 eligible for the standard mileage rate?	14		
(15) Is vehicle #2 eligible for the standard mileage rate?	15		

* (01) Personal use allowed during off hours (02) Personal use NOT allowed during off hours (03) Not applicable

Part II Vehicle Information/Basic Expenses

	(16) Vehicle #1		(21) Vehicle #2	
	Current Year	Last Year	Current Year	Last Year
Date vehicle was placed in service				
Total miles vehicle was driven during the year				
Business part of mileage				
Average daily roundtrip commuting distance				
Commuting miles included in total mileage				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer provided vehicle				

Depreciation:	(17) Depreciation for Vehicle #1		(22) Depreciation for Vehicle #2	
	Current Year	Last Year	Current Year	Last Year
Cost of other basis				
Section 179 deduction				
Depreciation method				
Depreciation percentage (25% = .25)				
Depreciation carried from Asset Manager				

Note: If cost or other basis entered above is 0 then the amount carried from the Asset Manager will be used as depreciation for vehicle #1

Vehicle is qualified property and you elected to claim the special depreciation allowance				
Type of vehicle: (0) Passenger (1) Truck or Van	18		23	
	19		24	