

Schuring, Uitermarkt,  
Sims, McCleish, Ver Meer, P.C.  
916 W 16th St  
Pella, IA 50219-7918

## **2016 Client Organizer**

**Check out our website at [www.SUCPA.com](http://www.SUCPA.com)**

*Our client center is available 24/7 with links to common websites  
and financial calculators that can serve as your resource for  
finding tax answers and making financial decisions.*

**Follow us on LinkedIn**

**Schuring, Uitermarkt, Sims, McCleish, Ver Meer, P.C.**  
**916 W 16th St**  
**Pella, IA 50219-7918**  
**641-628-4521**

We appreciate the opportunity to work with you. This Tax Organizer is designed to help you gather the tax information needed to prepare your 2016 personal income tax return. To help you complete the organizer with minimal time and effort, you will find certain information from your 2015 personal income tax return, when available.

Please submit your completed organizer and all related tax documents to our office as soon as you have gathered all of your tax information. To enable the highest level of service we can offer, early submission of your tax information will increase the likelihood of completing your tax return before the due date. If we do not receive your information by **April 1, 2017**, we will make every effort to complete your return without filing an extension, but will give priority service to clients who submitted information on time. This means that an extension may be filed on your behalf, depending on our workload late in the filing season.

You have several options for delivering your tax documents to our office. You are welcome to mail or drop off your tax information to our office. If you would like to scan and email your documents to [info@sucpa.com](mailto:info@sucpa.com), please employ technical measures to ensure the safety of your information. You can also upload your documents to NetClient, our secure client web portal. Please contact Jenny Deaver at our office if you would like to get registered for NetClient. If you would like to discuss the information in your completed organizer or the preparation of your 2016 tax return, please call our office for an appointment.

Please enter your 2016 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most complete and accurate tax return possible. Please answer all applicable questions, provide explanations for all checked items, and use the Notes to Preparer section to provide additional information not included in the Tax Organizer.

**TAX DOCUMENTATION CHECKLIST** - Please provide the following forms and documents:

- W-2 forms for wages, salaries, tips and gambling winnings.
- 1099 forms for interest, dividends, retirement, Social Security, state or local refunds, miscellaneous income, etc.
- Year end brokerage statements for investment and retirement accounts.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- 1098 and other statements supporting deductions for mortgage interest, real estate taxes, and auto registration fees.
- Evidence of contributions and, if greater than \$250, a written communication, statement or Form 1098-C from the donee organization.
- HUD-1 Closing Statements and other documentation regarding the sale, purchase or refinance of a home or other real property.
- 1098-T and detailed transcript or statement showing detail of college tuition, books, room, board and technology expenses paid.
- 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or 1095-C (Employer-Provided Health Insurance Offer and Coverage)
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your federal and state income tax returns from last year, if not

prepared by this office.

If you are a farmer or have started a new business, rental or other activity, please visit the Client Center on our website at [www.SUCPA.com/client-center](http://www.SUCPA.com/client-center) to download a **farm worksheet** or blank organizer pages for your new activity. You can also contact our office and we can mail or email you a copy of the farm worksheet or blank organizer pages.

We will electronically file all qualifying returns at no additional charge. With electronic filing, you have the option to have your refund mailed to your home or direct deposited into your bank account. If you choose to have direct deposit, please enclose a voided check.

### **Your Privacy Is Important To Us**

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (\*\*\_\*\_\*\_\*\*\*\*) and (\*\*\*\*1234) to protect your privacy and personal information. Please make any necessary changes or updates to any social security number or bank account information. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

### **Privacy Policy**

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

### **Types of Nonpublic Personal Information We Collect**

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

### **Parties to Whom We Disclose Information**

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

If you request a copy of your tax returns to be sent directly to any third-party institution, we will require a signed consent form **before** these can be sent.

### **Protecting the Confidentiality and Security of Clients' Information**

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Thank you for the opportunity to serve you.

Sincerely,

**Schuring, Uitermarkt, Sims, McCleish, Ver Meer, P.C.**

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Engagement Letter for 2016 Individual Income Tax Return Preparation

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.

**YOUR RESPONSIBILITY:**

It is your responsibility to provide us all the information required for the preparation of complete and accurate returns. In that regard you state that, to the best of your knowledge and belief, you have provided true, correct and complete information, and have maintained written documentation supporting all amounts. Attached you will find an organizer to help you gather the information. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

You understand that your returns may be selected for examination or inquiry by taxing authorities. This can be an on site examination or by correspondence requesting additional information. You should retain all the documents, canceled checks and other data that form the basis of the income and deductions for five years. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. In the event of such examination or correspondence, we will be available upon request to represent you. An additional fee will be invoiced for the time and expenses incurred, if the review is determined to be of no fault of our own. If you enroll in our Audit Protection Plan, we will handle any correspondence or audit of your 2016 income tax returns on your behalf at no additional charge.

**OUR SERVICES:**

We will prepare your 2016 Federal and State income tax returns from the information you furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask for clarification of some of the information. We are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest. You will contact us immediately if you discover additional information that will lead to a change in your return, or you receive any letters from the IRS, state or local taxing authorities.

We will use our professional judgement to resolve questions in your favor where the tax law is unclear or if there is a reasonable justification for doing so, unless otherwise instructed by you. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments. The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

If we receive a request for a copy of your tax returns to be sent directly to any third-party institution, we will require a signed authorization form **before** these can be sent.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If this fairly sets forth your understanding, we will assume that you concur with these terms if data is supplied to compile your tax return.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Schuring, Uitermarkt, Sims, McCleish, Ver Meer, P.C.

## Questionnaire

**This Client Questionnaire asks about pertinent tax events and information necessary for preparing the most accurate tax return possible.**

**Check all boxes that apply to the taxpayer or spouse during the 2016 tax year. Attach tax forms, statements, documentation and/or a detailed explanation for all checked items.**

### Personal Information

- Marital status changed from last year.
- Address changed from last year.
- You can be claimed as a dependent by another taxpayer.
- If you have a tax refund, you want  direct deposit or  a paper check mailed to you.
- If you have a tax liability, you want  funds automatically withdrawn as of \_\_\_\_\_ date or  a payment voucher to mail with payment.
- You have the same bank account as prior years and have verified your account on the "Direct Deposit/Electronic Funds Withdrawal Information" Section of this organizer.
- Have a new bank account for direct deposit or automatic withdrawal. (Provide a voided check)
- You, your spouse or any dependent received an Identity Protection PIN from the Internal Revenue Service or have been a victim of identity theft. (Attach any IRS letter received)

### Dependent Information

- You had a change in dependents.
- You have dependents who may need to file a return.  
Please provide a copy of their return or allow our office to assist in the preparation of their return.
- You have children under age 19 or a full time student age under 24 with unearned income in excess of \$2,100.
- You paid for child care while you worked or looked for work.
- You are divorced or separated with child(ren) you can claim as dependents.  
Child(ren) you can claim as dependents this year: \_\_\_\_\_  
Please provide Form 8332 signed by the custodial parent releasing claim to exemption, if necessary.

### Income Information - Please check sources of income you received in 2016

- |   |  |
|---|--|
| <input type="checkbox"/> Social Security benefits. (SSA-1099) | <input type="checkbox"/> Any prizes, gambling or lottery winnings (W2-G)     |
| <input type="checkbox"/> Disability income                    | <input type="checkbox"/> Tip income not reported to your employer            |
| <input type="checkbox"/> Unemployment benefits                | <input type="checkbox"/> Long-term care insurance distributions (1099-LTC)   |
| <input type="checkbox"/> Alimony - received or paid           | <input type="checkbox"/> Life insurance policy matured or surrendered policy |
| <input type="checkbox"/> Any debts canceled or forgiven       | <input type="checkbox"/> Other _____   |

### Retirement Information

- Taxpayer made  traditional or  Roth IRA contributions: \$\_\_\_\_\_ to date, plus \$\_\_\_\_\_ by April 15.
- Spouse made  traditional or  Roth IRA contributions: \$\_\_\_\_\_ to date, plus \$\_\_\_\_\_ by April 15.
- Received distributions, including lump-sum payments, from a qualified retirement plan. (1099-R)
- Completed a rollover or converted any amounts from a qualified retirement plan.

### Business, Farm or Real Estate Information

- Started or bought a new business, rental, real estate or other property.
- Sold an existing business, rental, real estate or other property.
- Acquired a new or additional interest in a partnership or S corporation. (K-1)
- Sold or disposed of an interest in a partnership or S corporation. (K-1)

### Additional explanation for checked items:

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**Investment Information**

- Bought or sold any stocks, bonds or other investment property.
- Have a financial interest in or signature authority over a foreign financial account not reported on a 1099, such as a bank account, securities account, cash value of life insurance through a foreign insurer, or other account or entity located in a foreign country.
- Have any foreign income or pay any foreign taxes, directly or indirectly, such as investment accounts, partnerships or a foreign employer, not reported on a 1099.
- Received a distribution from, or were a grantor or transferor for a foreign trust.

**Education Information**

- Paid any educational expenses to a post-secondary school for taxpayer, spouse, or dependent. (Form 1098T is required, along with a detailed account statement/receipts from the educational institution, including amounts paid for tuition, books, room, board and technology expenses)
- A member of your family received a scholarship of any kind.
- Made contributions or withdrawals from an education savings or 529 Plan account. (1099-Q)
- Paid student loan interest.
- Incurred expenses working as a teacher, counselor, or principal for classes K-12. If yes, \$ \_\_\_\_\_
- Would like a worksheet to aid in the completion of a FAFSA.

**Itemized Deduction Information - Please provide evidence, receipts, 1098s, etc**

- Bought, sold, refinanced, foreclosed or abandoned principal or 2nd residence. (Closing statements)
- Took out a home equity loan or have an outstanding balance on a home equity loan.
- Own a vehicle and pay auto registration fees. Amount \$ \_\_\_\_\_ (Car registration)
- Made any cash or noncash charitable contributions. i.e. clothes, furniture, vehicle, boat, charitable mileage or travel expense. (Evidence from donee organization required if over \$250)
- Had any unreimbursed employee business expenses, including mileage.
- Utilized an area of your home for business purposes.
- Retired, changed jobs or incurred job seeking or moving expenses.
- Paid sales tax on major purchases during the year. (Cars, boats, etc.)

**Miscellaneous Information**

- Made gifts of more than \$14,000 to any individual.
- Made energy efficient improvements to your main home. Type of improvement \_\_\_\_\_ \$ \_\_\_\_\_
- Purchased a qualified plug-in electric drive vehicle or fuel cell vehicle.
- Received correspondence from the State or the Internal Revenue Service other than 1099-G.
- Taxpayer or  spouse wants to designate \$3 to the Presidential Election Campaign Fund.

**State/Iowa Information**

- Wish to donate to one of the state checkoff donations. Please indicate the organization and amount on the state Organizer page.
- Received military retirement benefits or military survivor benefits.
- Taxpayer or  spouse is a volunteer firefighter, EMS or Reserve Peace Officer.
- Have a dependent attending grades K-12 in an accredited Iowa School.  
If yes, list each dependent and the amount paid for tuition and other required school expenses.

	\$		\$	
	\$		\$	

**Additional explanation for checked items:**

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# 2016 Health Care Questionnaire

**In order to prepare your 2016 individual income tax return, the IRS requires that we have detailed information regarding 2016 health care coverage for you, your spouse, and anyone you can claim as a dependent.**

### Health Care Information

- Paid out-of-pocket medical, dental, vision or prescription expenses **not reimbursed** through HSA, MSA, or flex spending account.
- Contributed to or received distributions from a Health Savings Account (HSA), Archer MSA or Medicare Advantage MSA.
- Contributed to or withdrew from an ABLER (Achieving a Better Life Experience) account. (Attach 1099-QA)
- Paid **after-tax** health care or long-term care premiums. \$ \_\_\_\_\_  
(Do not include premiums paid through payroll deductions)
- If you are a business owner, you paid health insurance premiums for your employees.

### Health Insurance Information

- You had qualifying minimum essential health care coverage for **all 12 months** for yourself, your spouse, and anyone you can claim as a dependent.
  - You have provided all copies of Forms 1095-A, 1095-B and 1095-C you have received
  - You have qualified health insurance but have not yet received a Form 1095.Coverage was attained through:
  - Taxpayer or spouse's employer
  - Medicare
  - Purchased directly from insurance company
  - Marketplace (Provide 1095-A)
  - Other qualified health care insurance
  - Received premium tax credit advance.
- You, your spouse or any of your dependents did **NOT** have qualifying minimum essential health care coverage for at least one month during the year.
  - You or anyone in your family qualified for an exemption for the health care coverage mandate.  
Describe exemption or exception: \_\_\_\_\_  
Exemption Certificate Number issued by the Marketplace: \_\_\_\_\_
  - Employer offered health coverage and you opted out of coverage.
  - Coverage may have been unaffordable. (We will perform required calculations as part of your tax return to determine unaffordability based on your taxable income.)
  - No known exemption (may be subject to the Individual Responsibility Payment)
  - Explain any month(s) you or a member of your family did not have coverage or an exemption:  
\_\_\_\_\_

- You, your spouse, and/or your dependents had qualifying minimum essential health care coverage for part of the year. (Answer the questions above for the months you did not have coverage.)

List family members	Health Insurance Provider	Full Year or Dates of Coverage
_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____

### Additional explanation for checked items:

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- Expect a large fluctuation in income, deductions, or withholding in 2017

Explain: \_\_\_\_\_

You would like additional information about:

- Education Planning  Investment Planning
 Retirement Planning  Estate Planning
 Social Security Planning  Other \_\_\_\_\_

Method for making quarterly estimate payments, if necessary:

- Mail check and voucher
 Schedule automatic withdrawal with e-file (federal estimates only)
 EFTPS - Electronic Federal Tax Payment System (federal estimates only)
 Iowa eFile & Pay (Iowa estimates only)



Delivery options for your 2016 tax returns

The NetClient portal is an extension of our website and is a private, secure internet portal that provides a solution for us to share and exchange electronic documents securely and conveniently.

- Completed tax returns can be saved to NetClient and available 24/7
Any time you need to see or print your copy of your return or provide it to a bank or loan officer, simply log in to NetClient on www.sucpa.com to access your returns.
Unlike emails and their attachments, the NetClient portal uses encryption technology so you will have confidence knowing that the information is secure when transferred back and forth.
The option to have your 2017 tax year organizer conveniently sent through NetClient. You would then print the organizer to fill out and upload the completed organizer into NetClient.

How would you like to receive your copy of your 2016 tax returns?

This will also apply to 2017 estimate reminders (if applicable).

- Paper  NetClient  Taxpayer Email  Spouse Email

How would you like to be notified when your return is complete?

- Text message # \_\_\_\_\_  Phone # \_\_\_\_\_
 Taxpayer Email  Spouse Email

How would you like to receive your 2017 organizer?

- Paper  NetClient  Taxpayer Email  Spouse Email

Notes to Preparer - Please provide further explanation for all yes answers, any information new to you for the 2016 tax year and not noted in your organizer, or any questions you have for your tax preparer.

\_\_\_\_\_
\_\_\_\_\_



Check out our website at www.SUCPA.com
Follow us on LinkedIn

Our Client Center has links to common websites and financial calculators that can be your resource for finding answers to your tax questions or making financial decisions.

You can find eligibility requirements and contributions limits for IRAs, HSAs and education credits, the Social Security wage base, mileage rates for 2016 and 2017, and much more.

Among the many financial calculators, you can find out if you should refinance, how much car you can afford, if a Traditional IRA or a Roth IRA is better for you, and how to save a million dollars!

For more information, contact our office!



Form ID: 1040 **Personal Information** **1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]
Mark if you were married but living apart all year [2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]
Taxpayer Spouse
Social security number [4] [5]
First name [6] [7]
Last name [8] [9]
Occupation [10] [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) [12] [14]
Mark if dependent of another taxpayer [15] [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]
Mark if legally blind [20] [21]
Date of birth [22] [24]
Date of death [26] [27]
Work/daytime telephone number/ext number [28] [29] [30] [31]
Home/evening telephone number [32] [33]
Do you authorize us to discuss your return with the IRS? (Y, N) [34]

**Present Mailing Address**

Address [38]
Apartment number [39]
City, state postal code, zip code [40] [41] [42]
Foreign country name [44]
Foreign phone number [47]
In care of addressee [48]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

Table with 8 columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, Dep Codes, Care expenses paid for dependent.

Name of child who lived with you but is not your dependent [50]
Social security number of qualifying person [51]

Dependent Codes
\*Basic 1 = Child who lived with you
2 = Child who did not live with you
3 = Other dependent
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit
\*\*\*Month 7 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return
\*\*Other 1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

## Taxpayer

## Spouse

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]  
 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

## NOTES/QUESTIONS:

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

Form of identification (1 = Driver's license, 2 = State issued identification) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification (1 = Driver's license, 2 = State issued identification) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**

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

Refunded \_\_\_\_\_ [52]

Applied to 2017 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2017 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences: \_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2017? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences: \_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2017 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences: \_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2017? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences: \_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2016 Federal Estimated Tax Payments**

2015 overpayment applied to 2016 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due		Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/16	_____ [6]	+	_____ [7]	_____	_____
2nd quarter payment	6/15/16	_____ [8]	+	_____ [9]	_____	_____
3rd quarter payment	9/15/16	_____ [10]	+	_____ [11]	_____	_____
4th quarter payment	1/17/17	_____ [12]	+	_____ [13]	_____	_____
Additional payment		_____ [14]	+	_____ [15]	_____	_____

**\*Method of payment indicated in prior year**  
**EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System**  
**Voucher = Form 1040-ES estimated tax payment voucher**

**NOTES/QUESTIONS:**

Form ID: St Pmt **2016 State Estimated Tax Payments** **7**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
**State postal code** \_\_\_\_\_ [2]

Amount paid with 2015 return + \_\_\_\_\_ [3]  
 2015 overpayment applied to '16 estimates + \_\_\_\_\_ [4]  
 Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	_____ _____ _____ _____
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

**2016 City Estimated Tax Payments**

City #1	City #2
City name _____ [28]	City name _____ [50]
Amount paid with 2015 return + _____ [31]	Amount paid with 2015 return + _____ [53]
2015 overpayment applied to '16 estimates\$ _____ [32]	2015 overpayment applied to '16 estimates\$ _____ [54]
Treat calculated amounts as paid _____ [36]	Treat calculated amounts as paid _____ [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3	City #4
City name _____ [72]	City name _____ [94]
Amount paid with 2015 return + _____ [75]	Amount paid with 2015 return + _____ [97]
2015 overpayment applied to '16 estimates\$ _____ [76]	2015 overpayment applied to '16 estimates\$ _____ [98]
Treat calculated amounts as paid _____ [80]	Treat calculated amounts as paid _____ [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.  
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.  
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.  
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.  
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.  
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

**INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME**

Income: B1 **Interest Income**

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2016 \_\_\_\_\_ Amount received in 2015 \_\_\_\_\_

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2016 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2016 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

**Traditional IRA Contributions for 2016 -**

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2016

**Roth IRA Contributions for 2016 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2016

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2016 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2016 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2016.  
 Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.  
 Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Mark if the move was due to service in the armed forces \_\_\_\_\_

Number of miles from old home to new workplace \_\_\_\_\_

Number of miles from old home to old workplace \_\_\_\_\_

Mark if move is outside United States or its possessions \_\_\_\_\_

Transportation and storage expenses \_\_\_\_\_

Travel and lodging (not including meals) \_\_\_\_\_

Total amount reimbursed for moving expenses \_\_\_\_\_

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

T/S	Recipient name	Recipient SSN	2016 Information	Prior Year Information
___	_____	_____	_____	_____
Street address		_____	_____	_____
City, State and Zip code		_____	_____	_____

Taxpayer

Spouse

Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Please provide all Forms 5498-SA.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2016 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2016	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2016	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2015 taken as constructive contributions for 2016	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2016? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

**Health, Medical Savings Account Distributions**

Please provide all Forms 1099-SA.

	2016 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Gross distributions received <b>(Box 1)</b>	+ _____ [7]	_____
Earnings on excess contributions <b>(Box 2)</b>	+ _____ [9]	_____
Distribution code <b>(Box 3)</b>	____ [11]	
Fair Market Value on date of death <b>(Box 4)</b>	+ _____ [12]	
<b>Box 5 -</b>		
HSA	____ [13]	
Archer MSA	____ [14]	
MA MSA	____ [15]	
All distributions were used to pay unreimbursed qualified medical expenses	____ [17]	____
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2016	+ _____ [19]	_____
Withdrawal of excess contributions by the due date of the return	+ _____ [21]	_____
Amount of distribution rolled over for 2016	+ _____ [23]	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/15	+ _____ [27]	_____
For HSA accounts:		
Was the high deductible health plan coverage started in 2015 and in effect for the month of December 2015? (Y, N)	____ [29]	
Was the high deductible health plan coverage ended before 12/31/16? (Y, N)	____ [30]	

**Long Term Care (LTC) Service and Contracts**

Please provide all Forms 1099-LTC.

	2016 Information	Prior Year Information
Name of the insured chronically ill individual _____	____ [39]	
Social security number of insured _____	____ [40]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____ [42]	_____
Accelerated death benefits paid <b>(Box 2)</b>	+ _____ [44]	_____
Check one <b>(Box 3)</b>		
Per diem	____ [46]	
Reimbursed amount	____ [47]	
Qualified contract <b>(Box 4)</b>	____ [48]	
Check, if applicable <b>(Box 5)</b>		
Chronically ill	____ [49]	
Terminally ill	____ [50]	
Are there other individuals who received LTC payments during 2016? (Y, N)	____ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	____ [53]	
Number of days during the long-term care period _____	____ [54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

**NOTES/QUESTIONS:**

## ITEMIZED DEDUCTIONS

Itemized: A1

## Medical and Dental Expenses

T/S/J		2016 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

## Tax Expenses

T/S/J		2016 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2015 state and local income taxes paid in 2016	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

## Interest Expenses

T/S/J		2016 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	<b>Payee's Name</b>	<b>SSN or EIN</b>	<b>2016 Information</b>
—	_____	_____	_____
	<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
—	_____	_____	_____
T/S/J		<b>2016 Information</b>	<b>Prior Year Information</b>
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	<b>Refinance #1</b>		<b>Refinance #2</b>
	Refinancing Information:		
T/S/J	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2016	_____	_____

Itemized: A3

## Charitable Contributions

T/S/J		2016 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

## Miscellaneous Deductions

T/S/J		2016 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT	_____	_____
	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____



Form ID: MO

## Missouri General Information

County of residence name \_\_\_\_\_ [1]  
 County of residence \_\_\_\_\_ [2]

## Contributions

**Amount of contributions you wish to make to:**

Children's Trust Fund \_\_\_\_\_ [3]  
 Veterans Trust Fund \_\_\_\_\_ [4]  
 Elderly Home Delivered Meals Trust Fund \_\_\_\_\_ [5]  
 Missouri National Guard Trust Fund \_\_\_\_\_ [6]  
 Workers' Memorial Trust Fund \_\_\_\_\_ [7]  
 Childhood Lead Testing Trust Fund \_\_\_\_\_ [8]  
 Missouri Military Family Relief Trust Fund \_\_\_\_\_ [9]  
 General Revenue Trust Fund \_\_\_\_\_ [10]  
 Organ Donor Program Trust Fund \_\_\_\_\_ [11]  
 Trust Fund \_\_\_\_\_ [12] \_\_\_\_\_ [13]  
 Trust Fund \_\_\_\_\_ [14] \_\_\_\_\_ [15]

### Trust Fund Codes

01 = American Cancer Society	08 = March of Dimes	15 = American Red Cross Trust Fund
02 = American Diabetes Association	09 = National Arthritis Foundation	16 = Developmental Disabilities Waiting List Fund
03 = American Heart Association	10 = National Multiple Sclerosis Society	17 = Puppy Projection Trust Fund
04 = American Lung Association	12 = Cervical Cancer Fund	18 = Pediatric Cancer Trust
05 = ALS (Lou Gehrig's Disease)	13 = Breast Cancer Awareness	19 = Missouri National Guard Foundation Fund
07 = Muscular Dystrophy Association	14 = Adoptive Parent's Recruitment and Retention	

## Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From _____ [16]	_____ [16]	_____ [17]
To _____ [18]	_____ [18]	_____ [19]
Other state residency dates:		
From _____ [20]	_____ [20]	_____ [21]
To _____ [22]	_____ [22]	_____ [23]
Other state of residency _____ [24]	_____ [24]	_____ [25]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer \_\_\_\_\_ [26]  
 Spouse \_\_\_\_\_ [27]

## Property Tax Information

**Residents only**

Mark if you are a 100% disabled veteran \_\_\_\_\_ [28]  
 Mark if you are disabled per section 135.010(2), RSMo \_\_\_\_\_ [29]  
 Mark if surviving spouse social security benefits were received during the tax year \_\_\_\_\_ [30]

**NOTES/QUESTIONS:**

Form ID: MO