

**Health Coverage Exemptions**

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at [www.irs.gov/form8965](http://www.irs.gov/form8965).

Name as shown on return

Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I**

**Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

**Part II****Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here. ☒

**Part III**

**Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8																
9																
10																
11																
12																
13																

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Credit Tax Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$

<sup>1</sup> You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup> However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

Name(s) Shown on Return	Your SSN
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**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2015 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input style="width: 20px; height: 20px;" type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

1 Net capital loss not included in net investment income . . . . .	1	0 .
2 Capital loss carryover to next year . . . . .	2	
3 Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

**Line 7 - Other modifications to investment income**

1 Casualty and theft losses reported on Schedule A, line 20. . . . .	1	
2 Amounts reported on Form 8814, line 12 . . . . .	2	
3 Adjustment for distributions from estates and trusts . . . . .	3	
4 Schedules C and F income/loss included in net investment income. . . . .	4	
5 Substitute interest and dividend payments . . . . .	5	
6 Recovery of a prior year deduction . . . . .	6	
7	7	
8 Total other modifications to investment income . . . . .	8	

**Line 9b - State income tax allocable to net investment income**

1	State, local, and foreign income taxes . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount . . . . .	4	
5	State, local and foreign income taxes allocable to investment income . . . . .	5	

**Line 10 - Tax preparations fees allocable to net investment income**

1	Tax preparations fees . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount . . . . .	4	
5	Tax preparations fees allocable to investment income . . . . .	5	

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet****Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1 . . . . .	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) . . . . .	3	
4	Enter the lesser of the total reported on line 2 or line 3 . . . . .	4	

**Part II - Application of Section 67 Limitation to Specific Deductions**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		

**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 . . . . .	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the lesser of line 7 or line 4 . . . . .	8	

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)		(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3		Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:			
<b>1</b>		x	=
		x	=
		x	=
		x	=
Total miscellaneous investment expenses to Form 8960, line 9c . . . . .			
<b>2</b>	State, local, and foreign income taxes . . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:			
<b>3</b>		x	=
		x	=
		x	=
		x	=
Penalty on early withdrawal of savings . . . . .			
Other modifications:			
Total additional modifications to Form 8960, line 10 . . . . .			

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII****1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

**Taxpayer:**  
 First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_  
 Last name . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . \_\_\_\_\_  
 Daytime phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

**Spouse:**  
 First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2017 . . . . . \_\_\_\_\_  
 Daytime phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

**Can taxpayer be claimed as dependent of another person (such as parent)?** . . . ☐ Yes ☐ No  
**If yes, *was* taxpayer claimed as dependent on that person's return?** . . . ☐ Yes ☐ No

**Can spouse be claimed as dependent of another person (such as parent)?** . . . ☐ Yes ☐ No  
**If yes, was spouse claimed as dependent on that person's return?** . . . ☐ Yes ☐ No

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Address . . . . . \_\_\_\_\_ Apt no. . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP code . . \_\_\_\_\_  
 Foreign code . . . \_\_\_\_\_ Foreign country . . . \_\_\_\_\_  
 Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

Home phone . . . \_\_\_\_\_  
Check to print phone number on Form 1040 . . . ☐ Home ☐ Taxpayer daytime ☐ Spouse daytime

☒ **1** Single  
☐ **2** Married filing jointly  
☐ **3** Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year . . . . . ☐  
 Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ☐  
☐ **4** Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . \_\_\_\_\_  
☐ **5** Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2014 ☐  
 . . . . . 2015 ☐

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

[illegible]

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return \_\_\_\_\_

Spouse's PIN used to sign the return \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID      license . ▶ ☐      ID . ▶ ☐      neither . ▶ ☐

**Spouse**

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID      license . ▶ ☐      ID . ▶ ☐      neither . ▶ ☐



**Personal Information Worksheet  
For the Taxpayer**

► Keep for your records

**2016**

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

**Part I – Taxpayer's Personal Information**

First name . . . \_\_\_\_\_ Middle initial . \_\_\_\_ Last name . . . \_\_\_\_\_  
Suffix . . . . .

Social security no. . . . . Member of U.S. Armed Forces in 2016? . . ☐ Yes ☐ No

Date of birth . . . . . (mm/dd/yyyy) age as of 1-1-2017 . . . . .

Occupation . . . . . Daytime phone . . . . . Ext \_\_\_\_\_

Marital status . . . . .

If widowed, check the appropriate box for the year your spouse died:

After 2016 ► ☐ 2016 . ► ☐ 2015 . ► ☐ 2014 . ► ☐ Before 2014 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ► ☐ Yes ☐ No

Check if this person is legally blind . . . . . ► ☐ Yes ☐ No

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy) \_\_\_\_\_

Were you under the age of 16 as of 1-1-2017 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ► ☐ Yes ☐ No

**Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer**

**1** Can someone (such as your parent) claim you as a dependent? . . . . . ► ☐ Yes ☐ No

**2** If you answered 'Yes' to question 1, are you actually claimed as a dependent  
on that person's tax return? . . . . . ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the  
American Opportunity Credit.*

**3** Were you a full-time student during any part of five months during 2016? . . . . . ► ☐ Yes ☐ No

**4** Did your earned income exceed one-half of your support? . . . . . ► ☐ Yes ☐ No

**5** Was at least one of your parents alive on December 31, 2016? . . . . . ► ☐ Yes ☐ No

**Part III – Taxpayer's State Residency Information**

Enter this person's state of residence as of December 31, 2016 . . . . . \_\_\_\_\_

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☐

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ► \_\_\_\_\_

In which state (or foreign country) did this person reside before this change? . . . . . ► \_\_\_\_\_

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2016 . . . . . \_\_\_\_\_

Unreimbursed medical expenses paid for qualifying person in 2016 . . . . . \_\_\_\_\_

Employment taxes paid for dependent care providers in 2016 . . . . . \_\_\_\_\_

Full-time student for 5 calendar months during 2016? . . . . . ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? . . . . . ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit . . . . . ► ☐ Yes ☒ No

**Part VI – Healthcare Coverage**

Does coverage in prior year qualify January and February for eligibility for  
short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and  
December, supports answer to January and February eligible for short gap exemption  
above.

Check if covered or exempt (other than short gap) for prior year November . . . . . ☐

Check if covered or exempt (other than short gap) for prior year December . . . . . ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months  
if they were covered all year, select the individual months if they were not covered all year and leave  
blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Exemption Type							Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec						
							Full Year . . . ▶											
							Full Year . . . ▶											
							Full Year . . . ▶											

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return

Social Security Number

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .			
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .			
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .			
<b>4</b>	Total social security tax withheld . . . . .			
<b>5</b>	Total Medicare wages and tips . . . . .			
<b>6</b>	Total Medicare tax withheld . . . . .			
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .			
<b>17</b>	Total state tax withheld . . . . .			
<b>19</b>	Total local tax withheld. . . . .			

# Healthcare Entry Sheet

2016

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap  
Eligible\*  
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	X <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

**Completion checkbox:**

☐

Check this box once you are finished with all the healthcare related entries.

# Wages, Salaries, & Tips Worksheet

2016

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The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .			
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137 . . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income			
<b>10 Subtotal.</b>			
<b>Add lines 1 through 9 . . . . .</b>			
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2 . . . . .			
<b>14</b> Other non-earned income			
<b>15 Total of lines 10 through 14 . . . . .</b>			

**Schedule D**  
**Line 19**

**Unrecaptured Section 1250 Gain Worksheet**

**2016**

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Name(s) Shown on Return		Social Security Number																									
		<b>Regular Tax</b>	<b>Alternative Minimum Tax</b>																								
<p><b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b></p>																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>																									
3	Subtract line 2 from line 1 . . . . .	<b>3</b>																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year . . . . .	<b>4</b>																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>																									
6	Add lines 3 through 5 . . . . .	<b>6</b>																									
7	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>																									
8	Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>																									
9	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;"><b>Regular</b></td> <td style="width: 35%; text-align: center;"><b>AMT</b></td> </tr> <tr> <td><b>a</b> On Form 1099-DIV . . . . .</td> <td><div></div></td> <td><div></div></td> </tr> <tr> <td><b>b</b> On Form 2439 . . . . .</td> <td><div></div></td> <td><div></div></td> </tr> <tr> <td><b>c</b> On Schedule(s) K-1 . . . . .</td> <td><div></div></td> <td><div></div></td> </tr> <tr> <td><b>d</b> On Form 1099-R . . . . .</td> <td><div></div></td> <td><div></div></td> </tr> <tr> <td><b>e</b> From Form 8814 . . . . .</td> <td><div></div></td> <td><div></div></td> </tr> <tr> <td><b>f</b> Other. . . . .</td> <td><div></div></td> <td><div></div></td> </tr> <tr> <td>Total . . . . .</td> <td><div></div></td> <td><div></div></td> </tr> </table>		<b>Regular</b>	<b>AMT</b>	<b>a</b> On Form 1099-DIV . . . . .	<div></div>	<div></div>	<b>b</b> On Form 2439 . . . . .	<div></div>	<div></div>	<b>c</b> On Schedule(s) K-1 . . . . .	<div></div>	<div></div>	<b>d</b> On Form 1099-R . . . . .	<div></div>	<div></div>	<b>e</b> From Form 8814 . . . . .	<div></div>	<div></div>	<b>f</b> Other. . . . .	<div></div>	<div></div>	Total . . . . .	<div></div>	<div></div>	<b>11</b>	
	<b>Regular</b>	<b>AMT</b>																									
<b>a</b> On Form 1099-DIV . . . . .	<div></div>	<div></div>																									
<b>b</b> On Form 2439 . . . . .	<div></div>	<div></div>																									
<b>c</b> On Schedule(s) K-1 . . . . .	<div></div>	<div></div>																									
<b>d</b> On Form 1099-R . . . . .	<div></div>	<div></div>																									
<b>e</b> From Form 8814 . . . . .	<div></div>	<div></div>																									
<b>f</b> Other. . . . .	<div></div>	<div></div>																									
Total . . . . .	<div></div>	<div></div>																									
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale . . . . .	<b>12</b>																									
13	Add lines 9 through 12. . . . .	<b>13</b>																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>16</b>																									
	<b>a</b> Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- . . . . .	<b>17</b>	0.																								
18	<b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. . . . .	<b>18</b>																									

**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

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				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .	<b>1</b>			
<b>2</b>	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
<b>a</b>	Schedule D . . .				
<b>b</b>	Form 8814 . . .				
<b>c</b>	Schedule B . . .				
<b>d</b>	Form 6252 . . .				
<b>e</b>	Form 2439 . . .				
<b>f</b>	Other . . . . .				
	Total . . . . .	<b>2</b>			
<b>3</b>	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .				
<b>b</b>	Form 6252 . . . . .				
<b>c</b>	Form 6781, Part II . . . . .				
<b>d</b>	Form 8824 . . . . .				
	Total . . . . .	<b>3</b>			
<b>4</b>	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 1099-DIV, box 2d . . .				
<b>b</b>	Form 2439, box 1d . . . . .				
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .				
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .				
<b>e</b>	Other . . . . .				
	Total . . . . .	<b>4</b>			
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>5</b>			
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. . . . .	<b>6</b>			
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .	<b>7</b>			
<b>8</b>	Enter the amount of any capital gain excess . . . . .	<b>8</b>			0.
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. . . . . Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .	<b>9</b>	0.		0.



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1 a	Enter your taxable income from Form 1040, line 43 . . . . .	1 a	0.
b	Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 9b . . . . .	2 a	
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	
3	Amount from Form 4952, line 4g . . . . .	3	
4 a	Amount from Form 4952, line 4e . . . . .	4 a	
b	Amount from the dotted line next to Form 4952, line 4e . . . . .	b	
c	Line 4b, if applicable, 4a, if not . . . . .	c	
5	Subtract line 4c from line 3 . . . . .	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0- . . . . .	6	0.
7 a	Enter line 15 of Schedule D . . . . .	7 a	
b	Enter line 16 of Schedule D . . . . .	b	
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	0.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	0.
15	Enter: • \$37,650 if single or married filing separately; • \$75,300 if married filing jointly or qualifying widow(er); or • \$50,400 if head of household.	15	37,650.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	0.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	0.
18	Subtr in 10 from in 1c. If zero or less, enter -0- . . . . .	18	0.
19	Enter the <b>larger</b> of line 17 or line 18 . . . . .	19	0.
20	Subtract line 17 from line 16. This amount is taxed at 0% <b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	20	0.
21	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	21	
22	Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . .	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23	
24	Enter: • \$415,050 if single, • \$233,475 if married filing separately, • \$466,950 if married filing jointly or qualifying widow(er), • \$441,000 if head of household.	24	
25	Enter the smaller of line 1c or line 24 . . . . .	25	
26	Add lines 19 and 20 . . . . .	26	
27	Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27	
28	Enter the <b>smaller</b> of line 23 or line 27 . . . . .	28	
29	Multiply line 28 by 15% (.15) . . . . .	29	
30	Add lines 22 and 28 . . . . .	30	
31	Subtract line 30 from line 21 . . . . .	31	
32	Multiply line 31 by 20% (.20) . . . . .	32	
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>			
33	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	33	
34	Add lines 10 and 19 . . . . .	34	
35	Enter the amount from line 1c above . . . . .	35	
36	Subtract line 35 from line 34. If zero or less, enter -0- . . . . .	36	
37	Subtract line 36 from line 33. If zero or less, enter -0- . . . . .	37	
38	Multiply line 37 by 25% (.25) . . . . .	38	

**If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.**

<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>42</b>	_____
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	_____ 0 .
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>44</b>	_____
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 44. . . . .	<b>45</b>	_____

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# Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2016

Line 44

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1	Enter the amount from Form 1040, line 43 . . . . .	1	_____
2	Enter the amount from Form 1040, line 9b . . . . .	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	3	_____
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3 . . . . .	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.	5	_____
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	7	_____
8	Enter:		
	\$37,650 if single or married filing separately,	}	8 _____
	\$75,300 if married filing jointly or qualifying widow(er),		
	\$50,400 if head of household.		
9	Enter the smaller of line 1 or line 8 . . . . .	9	_____
10	Enter the smaller of line 7 or line 9 . . . . .	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	11	_____
12	Enter the smaller of line 1 or line 6 . . . . .	12	_____
13	Enter the amount from line 11 . . . . .	13	_____
14	Subtract line 13 from line 12. . . . .	14	_____
15	Enter:		
	\$415,050 if single,	}	15 _____
	\$233,475 if married filing separately,		
	\$466,950 if married filing jointly or qualifying widow(er),		
	\$441,000 if head of household.		
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (.15) . . . . .	20	_____
21	Add lines 11 and 19 . . . . .	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
25	Add lines 20, 23, and 24 . . . . .	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
27	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .		
		27	_____

**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2016**

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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38. . . . .  
 (2) Nontaxable income entered elsewhere on return . . . . .  
 (3) Available income: 2015 refundable credits in excess of tax . . . . . 0.  
 (4) **Enter** any additional nontaxable income . . . . .  
 (5) Total available income . . . . . 0.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, Colorado, Illinois, Louisiana, Mississippi or New York only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . .

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . .

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . .

<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	_____
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2015 Amount                      Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	_____
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	_____
<b>e</b>	Other taxes.	
	2015 Amount                      Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____

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**Interest Deductions**

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<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	_____
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	_____
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	_____
<b>e</b>	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above . . . . .	_____
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet. . . . .	_____
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	_____
<b>c</b>	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . .	_____
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	_____
<b>c</b>	Less points deducted on Form 8829 . . . . .	_____
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . .	_____

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**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2016**

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**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	<b>1</b>	
2 2016 state estimated taxes paid in 2016 . . . . .	<b>2</b>	
3 2015 state estimated taxes paid in 2016 . . . . .	<b>3</b>	
4 Amount paid with 2015 state application for extension . . . . .	<b>4</b>	
5 Amount paid with 2015 state income tax return . . . . .	<b>5</b>	
6 Overpayment on 2015 state income tax return applied to 2016 tax . . . . .	<b>6</b>	
7 Other amounts paid in 2016 (amended returns, installment payments, etc.) . . . .	<b>7</b>	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	<b>8</b>	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	<b>9</b>	
10 2016 local estimated taxes paid in 2016 . . . . .	<b>10</b>	
11 2015 local estimated taxes paid in 2016 . . . . .	<b>11</b>	
12 Amount paid with 2015 local application for extension . . . . .	<b>12</b>	
13 Amount paid with 2015 local income tax return . . . . .	<b>13</b>	
14 Overpayment on 2015 local income tax return applied to 2016 tax . . . . .	<b>14</b>	
15 Other amounts paid in 2016 (amended returns, installment payments, etc.) . . . .	<b>15</b>	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	<b>16</b>	
<b>Other:</b>		
17	<b>17</b>	
18 <b>Total</b> Add lines 1 through 17 . . . . .	<b>18</b>	
19 State and local refund allocated to 2016 . . . . .	<b>19</b>	
20 Nondeductible state income tax from line 28 . . . . .	<b>20</b>	
21 <b>Total reductions</b> Add lines 19 and 20 . . . . .	<b>21</b>	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	<b>22</b>	

**Nondeductible State Income Tax (Hawaii Only)**

23 Nontaxable federal employee cost of living allowance . . . . .	<b>23</b>	
24 Adjusted gross income . . . . .	<b>24</b>	
25 Add lines 23 and 24 . . . . .	<b>25</b>	
26 Nondeductible percent. Line 23 divided by line 25 . . . . .	<b>26</b>	%
27 Hawaii state income tax included in line 18 . . . . .	<b>27</b>	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27. . . . .	<b>28</b>	

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2016**

► Keep for your records

Name(s) Shown on Return	Social Security Number
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**Step 1. List your qualified charitable contributions made during the year.**

**1 RESERVED** for future use . . . . .

**Step 2. List your other charitable contributions made during the year.**

**2** Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . . .

**3** Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .

**4** Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .

**5** Enter your contributions "for the use" of any qualified organization . . . . .

**6** Add lines 4 and 5 . . . . .

**7** Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

**8** Enter your adjusted gross income . . . . .

**9** Multiply line 8 by 0.5. This is your 50% limit. . . . . 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . . .					0 .	
<b>11</b> Subtract line 10 from line 2 . . . . .						0 .
<b>12</b> Subtract line 10 from line 9 . . . . .			0 .			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .						
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		0 .	0 .			
<b>15</b> Subtract line 13 from line 9 . . . . .		0 .				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0 .	
<b>17</b> Subtract line 16 from line 6 . . . . .						0 .
<b>18</b> Subtract line 16 from line 14 . . . . .				0 .		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0 .	
<b>20</b> Subtract line 19 from line 3 . . . . .						0 .
<b>21</b> Subtract line 16 from line 15 . . . . .				0 .		
<b>22</b> Subtract line 19 from line 14 . . . . .				0 .		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				0 .		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0 .	
<b>25</b> Subtract line 24 from line 7 . . . . .						0 .
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0 .	
<b>27</b> Reserved for future use . . . . .						
<b>28</b> Reserved for future use . . . . .						
<b>29</b> Reserved for future use . . . . .						
<b>30</b> Add lines 11, 17, 20, and 25. Carry to next year. . . . .						0 .

# Charitable Deduction Limits Worksheet For Carryover Contributions

**2016**

► Keep for your records

Name(s) Shown on Return	Social Security Number
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**Step 1. List your qualified charitable contributions made during the year.**

**1 RESERVED** for future use . . . . .

**Step 2. List your other charitable contributions made during the year.**

**2** Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

**3** Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .

**4** Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .

**5** Enter your contributions "for the use" of any qualified organization . . . . .

**6** Add lines 4 and 5 . . . . .

**7** Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

**8** Enter your adjusted gross income . . . . .

**9** Multiply line 8 by 0.5. This is your 50% limit. . . . . 0. . . less. . . . . 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9. . . .					0.	
<b>11</b> Subtract line 10 from line 2. . . . .						0.
<b>12</b> Subtract line 10 from line 9. . . . .			0.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3. . . . .		0.				
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		0.	0.			
<b>15</b> Subtract line 13 from line 9. . . . .		0.				
<b>16</b> Enter the smallest of line 6, 14, or 15. . .					0.	
<b>17</b> Subtract line 16 from line 6. . . . .						0.
<b>18</b> Subtract line 16 from line 14. . . . .				0.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14. . .					0.	
<b>20</b> Subtract line 19 from line 3. . . . .						0.
<b>21</b> Subtract line 16 from line 15. . . . .				0.		
<b>22</b> Subtract line 19 from line 14. . . . .				0.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				0.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23. . . . .					0.	
<b>25</b> Subtract line 24 from line 7. . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19. . . . .					0.	
<b>27</b> Reserved for future use. . . . .						
<b>28</b> Reserved for future use. . . . .						
<b>29</b> Reserved for future use. . . . .						
<b>30</b> Add lines 11, 17, 20, and 25. Carry to next year. . . . .						0.



- Keep for your records

Name(s) Shown on Return

Social Security Number

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2016 contributions . . . . .						
2 2016 contributions allowed	0 .		0 .	0 .	0 .	0 .
3 <b>Carryovers from:</b>						
a 2015 tax year . . . . .						
b 2014 tax year . . . . .						
c 2013 tax year . . . . .						
d 2012 tax year . . . . .						
e 2011 tax year . . . . .						
4 Carryovers allowed in 2016	0 .		0 .	0 .	0 .	0 .
5 Carryovers disallowed in 2016	0 .		0 .	0 .	0 .	0 .
6 <b>Carryovers to 2017:</b>						
a From 2016 . . . . .	0 .		0 .	0 .	0 .	0 .
b From 2015 . . . . .						
c From 2014 . . . . .						
d From 2013 . . . . .						
e From 2012 . . . . .						
f From 2011 . . . . .						

1	Was the <b>entire interest</b> given for all property donated to all charities? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

**Schedule A**  
**Line 29**

**Itemized Deductions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return	Social Security Number
<b>1</b> Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>
<b>2</b> Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 <b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	<b>2</b>
<b>3</b> Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>
<b>4</b> Multiply line 3 by 80% (.80) . . . . . <b>4</b>	
<b>5</b> Enter the amount from Form 1040, line 38 . . . . . <b>5</b>	
<b>6</b> Enter \$259,400 if single; \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head of household, \$155,650 if married filing separately . . . . . <b>6</b>	
<b>7</b> Is the amount on line 6 less than the amount on line 5? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . . <b>7</b>	
<b>8</b> Multiply line 7 by 3% (.03) . . . . . <b>8</b>	
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . . <b>9</b>	
<b>10 Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29) . . . . . <b>10</b>	

- Keep for your records

Name(s) Shown on Return	Social Security Number

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<b>1</b> Is your <b>earned income*</b> more than \$700? <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <input type="checkbox"/> </div> <div> <b>Yes.</b> Add \$350 to your earned income. Enter the total </div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <input type="checkbox"/> </div> <div> <b>No.</b> Enter \$1,050 </div> </div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> <input type="text"/> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <input type="text"/> </div> <div style="font-size: 24px; margin-right: 10px;">➤</div> <div style="text-align: right;">. . .</div> </div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> <input type="text"/> </div> <div style="display: flex; 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align-items: center;"> </div>
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**\*Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040**  
**Line 42**

**Deduction for Exemptions Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return		Social Security Number
<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b> <u>4,050.</u>
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b> _____
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$259,400</li> <li>• Married filing jointly or qualifying widow(er), enter \$311,300</li> <li>• Married filing separately, enter \$155,650</li> <li>• Head of household, enter \$285,350 . . . . .</li> </ul>	<b>3</b> <u>259,400.</u>
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b> <u>-259,400.</u>
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	<b>5</b> _____
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b> _____
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b> _____
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b> _____

**Earned Income Worksheet****2016**

► Keep for your records

Name(s) Shown on Return

Social Security Number

**Part I – Earned Income Credit Wks Computation**

Taxpayer

Spouse

Total

**1 If filing Schedule SE:****a** Net self-employment income . . . . .**b** Optional Method and Church Employee income . . . . .**c** Add lines 1a and 1b . . . . .**d** One-half of self-employment tax . . . . .**e** Subtract line 1d from line 1c . . . . .**2 If not required to file Schedule SE:****a** Net farm profit or (loss) . . . . .**b** Net nonfarm profit or (loss) . . . . .**c** Add lines 2a and 2b . . . . .**3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .****4** Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .**Part II – Form 2441 and Standard Deduction Worksheet Computations****5** Net self-employment earnings (line 4 above) . . . . .**6** Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .**7 a** Taxable employer-provided adoption benefits . . . . .**b** Foreign earned income exclusion . . . . .**8** Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .**9 a** Taxable dependent care benefits . . . . .**b** Nontaxable combat pay . . . . .**10** Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .**11** Scholarship or fellowship income not on W-2 . . . . .**12** SE exempt earnings less nontaxable income . . . . .**13** Distributions from nonqualified/Sec. 457 plans . . . . .**14** Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .**Part III – IRA Deduction Worksheet Computation****15** Net self-employment income or (loss) . . . . .**16** Wages, salaries, tips, etc . . . . .**17** Net self-employment loss . . . . .**18** Alimony received . . . . .**19** Nontaxable combat pay . . . . .**20** Foreign earned income exclusion . . . . .**21** Keogh, SEP or SIMPLE deduction . . . . .**22** Combine lines 15 through 21. To IRA Wks, ln 2. . . . .**Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations****23** Self-employed, church and statutory employees . . . . .**24** Wages, salaries, tips, etc . . . . .**25** Nontaxable combat pay . . . . .**26** Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .

► Keep for your records

Name(s) Shown on Return

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**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1 . . . . .	1	
2	Investment interest expense from royalties . . . . .	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----	4	
4	<b>Total investment interest expense.</b> Add lines 1 through 3. . . . .		

**Gross Income from Property Held for Investment** (Form 4952, line 4a)

5	Taxable investment income:	5 a	
a	From Schedule B, Interest and Dividend Income . . . . .	b	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts . . . . .	c	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends . . . . .	d	
d	Total . . . . .	6	
6	Royalty income, from Schedule E . . . . .	7	
7	Net passive income from publicly traded partnerships . . . . .	8	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	9 a	
9	Other investment income:	b	
a	-----	c	
b	-----	d	
c	-----	10	
d	-----		
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .		

**Net Capital Gain Income** (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16 . . . . .	11 a	
b	Less net gains from property not held for investment . . . . .	b	
c	<b>Net gains from property held for investment.</b> . . . . .	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a	
b	Less net capital gains from property not held for investment. . . . .	b	
c	<b>Net capital gains from property held for investment.</b> . . . . .	c	

**Investment Expenses** (Form 4952, line 5)

13	Royalty expenses . . . . .	13	
14	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	14	
15	Investment expenses included as itemized deductions (no 2% limitation) . . . . .	15	
16	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	16	
17	Other investment expenses:	17 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----	18	
18	<b>Total investment expenses.</b> Add lines 13 through 17. . . . .		

**Allocation of Investment Interest Expense** (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8 . . . . .	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities . . . . .	a	
b	Deducted on Schedule E, page 1 for royalties . . . . .	b	
c	Other amounts deducted on other forms and schedules . . . . .	c	
d	Total amount deducted on other forms and schedules . . . . .	d	
21	<b>Investment interest expense.</b> . . . . .	21	

Name(s) Shown on Return

Social Security Number

**QuickZoom** to Schedule EIC . . . . . ►**QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . . ►**QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . . . ►**QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

1	Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .	1	
2	Adjustments to line 1 amount:		
a	Income reported as wages <b>and</b> as self-employment income. . . . .	2 a	
b	Other income entered as wages that is not considered earned income . . . . .	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .	c	
3	Subtract lines 2a, 2b and 2c from line 1 . . . . .	3	
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election . . . . .	4 c	
5	If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .	5	
6	<b>Earned income.</b> Add lines 3, 4c, and 5 . . . . .	6	
7	Enter the credit, from the <b>EIC Table</b> , for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .	7	0.
If line 7 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.			
8	Enter your <b>AGI</b> from Form 1040, line 38 . . . . .	8	
9	If you have:		
	• No qualifying children, is the amount on line 8 less than \$8,300 (\$13,850 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 8 less than \$18,200 (\$23,750 if married filing jointly)?		
	<input checked="" type="checkbox"/> <b>Yes.</b> Go to line 10 now.		
	<input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .	9	
10	<b>Earned income credit.</b>		
	• If 'Yes' on line 9, enter the amount from line 7		
	• If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9	10	

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

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**Compliance and Due Diligence Information**


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**1** Is this how long your dependents lived with you in the U.S in 2016?

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2016?

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**2** ☐ **Yes**, my dependents lived with me at this address.

☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2016.

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Compliance and Due Diligence Indicator . . . . .	<input checked="" type="checkbox"/>	
Disqualified from Earned Income Credit. . . . .	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

---

Potential qualifying child count . . . . .	▶	<u>0</u>
Non dependent potential qualifying child count . . . . .	▶	<u>0</u>
Qualifying child count (max 3) . . . . .	▶	<u>0</u>

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**Schedule D Tax Worksheet**  
**as refigured for the**  
**Alternative Minimum Tax**

**2016**

► Keep for your records

Name(s) Shown on Return		Social Security Number	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c. . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 30. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. . . . .			0.

\* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Social Security Number

**Taxable Income – Line 1**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) . . . . .	1	
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	

**Taxes – Line 3**

1	Generation skipping transfer taxes included on Schedule A, line 8 . . . . .	1	
---	---	---	--

**Home Mortgage Interest Adjustment – Line 4**

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
<b>1</b> <b>Attributable to mortgage used to purchase, build, or improve:</b>			
<b>a</b> Main home or second home that is house, apartment, condominium or non-transient mobile home . . . . .			
<b>b</b> Second home that is transient mobile home or boat . . . . .			
<b>c</b> Total . . . . .			
<b>2</b> <b>Attributable to mortgage used to refinance:</b>			
<b>a</b> To pay off mortgage . . . . .			
<b>b</b> For other purposes . . . . .			
<b>c</b> Total . . . . .			
<b>3</b> <b>Attributable to other mortgage deductible for AMT:</b>			
<b>a</b> Pre-July 1, 1982 mortgage . . . . .			
<b>4</b> Total column (a) . . . . .			
<b>5</b> Total column (b). Enter result on Form 6251, line 4. . . . .			
<b>6</b> Total mortgage interest from Schedule A . . . . .			

**Refund of Taxes – Line 7**

1	Taxable refund of state and local income tax . . . . .	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7 . . . . .	3	

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11**

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	0.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	0.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	0.
6	Enter ATNOLD carried to 2015 from other year(s) . . . . .	6	
7	Enter ATNOLD included above attributable to qualified disaster losses . . . . .	7	
8	ATNOLD above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOLD deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOLD Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. . . . .	11	

**Incentive Stock Options – Line 14**

1	Incentive stock options adjustment from Schedule K-1 worksheets . . . . .	1	
2	Incentive stock options from Employer Stock Transaction Worksheets . . . . .	2	
3	Incentive stock options from Exercise of Stock Options Worksheets . . . . .	3	
4	Other incentive stock options . . . . .	4	
5	Total incentive stock options. Enter on Form 6251, line 14 . . . . .	5	

**Alternative Minimum Taxable Income – Line 28**

If married filing separately and Form 6251, line 28, is more than \$247,450:		
<b>1</b>	Alternative minimum taxable income, Form 6251 . . . . .	<b>1</b> _____
<b>2</b>	Threshold amount . . . . .	<b>2</b> _____
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b> _____
<b>4</b>	Multiply line 3 by 25% (.25) . . . . .	<b>4</b> _____
<b>5</b>	<b>Smaller</b> of line 4 or \$41,900 . . . . .	<b>5</b> _____
<b>6</b>	Add line 1 and line 5. Enter on Form 6251, line 28. . . . .	<b>6</b> _____

**Exemption – Line 29**

<b>1</b>	Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately . . . . .	<b>1</b>	53,900.
<b>2</b>	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	<b>2</b>	0.
<b>3</b>	Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately . . . . .	<b>3</b>	119,700.
<b>4</b>	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0.
<b>5</b>	Multiply line 4 by 25% (.25) . . . . .	<b>5</b>	0.
<b>6</b>	Subtract line 5 from line 1. If zero or less, enter -0- . . . . .	<b>6</b>	53,900.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
<b>7</b>	Minimum exemption amount for certain children under age 24 . . . . .	<b>7</b>	_____
<b>8 a</b>	Enter the <b>child's earned income</b> , if any . . . . .	<b>8 a</b>	_____
<b>b</b>	Enter any adjustments. . . . .	<b>b</b>	_____
<b>9</b>	Add lines 7, 8a and 8b. If zero or less, enter -0-. . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. . . . .	<b>10</b>	_____

**Form 6251**  
**Line 31**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2016**

► Keep for your records

Name(s) Shown on Return		Social Security Number	
<b>1</b>	Enter amount from Form 6251, line 30. . . . .	<b>1</b>	
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>	
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>	
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>	
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . . • If you reported capital gain distributions directly on Form 1040, line 13; <b>or</b> you reported qualified dividends on Form 1040, line 9b; <b>or</b> you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • <b>All Others:</b> If line 3 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. . . . .	<b>4</b>	
<b>5</b>	<b>Tax on amount on line 2c.</b> If line 2c is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>	

# Federal Carryover Worksheet

**2016**

► Keep for your records

Name(s) Shown on Return	Social Security Number
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## 2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

## Other Tax and Income Information

		2015	2016
<b>1</b> Filing status . . . . .	<b>1</b>		<u>1</u> Single
<b>2</b> Number of exemptions for blind or over 65 (0 - 4) . . . . .	<b>2</b>		
<b>3</b> Itemized deductions . . . . .	<b>3</b>		0.
<b>4</b> Check box if required to itemize deductions . . . . .	<b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Adjusted gross income . . . . .	<b>5</b>		
<b>6</b> Tax liability for Form 2210 or Form 2210-F . . . . .	<b>6</b>		0.
<b>7</b> Alternative minimum tax . . . . .	<b>7</b>		
<b>8</b> Federal overpayment applied to next year estimated tax . . . . .	<b>8</b>		

**QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►**

## Excess Contributions

		2015	2016
<b>9 a</b> Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	<b>9 a</b>		
<b>b</b> Spouse's excess Archer MSA contributions as of 12/31 . . . . .	<b>b</b>		
<b>10 a</b> Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	<b>10 a</b>		
<b>b</b> Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	<b>b</b>		
<b>11 a</b> Taxpayer's excess HSA contributions as of 12/31 . . . . .	<b>11 a</b>		
<b>b</b> Spouse's excess HSA contributions as of 12/31 . . . . .	<b>b</b>		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

		2015	2016
<b>12 a</b> Short-term capital loss . . . . .	<b>12 a</b>		
<b>b</b> AMT Short-term capital loss . . . . .	<b>b</b>		
<b>13 a</b> Long-term capital loss . . . . .	<b>13 a</b>		
<b>b</b> AMT Long-term capital loss . . . . .	<b>b</b>		
<b>14 a</b> Net operating loss available to carry forward . . . . .	<b>14 a</b>		
<b>b</b> AMT Net operating loss available to carry forward . . . . .	<b>b</b>		
<b>15 a</b> Investment interest expense disallowed . . . . .	<b>15 a</b>		
<b>b</b> AMT Investment interest expense disallowed . . . . .	<b>b</b>		
<b>16</b> Nonrecaptured net Section 1231 losses from:			
<b>a</b> 2016 . . . . .	<b>16 a</b>		
<b>b</b> 2015 . . . . .	<b>b</b>		
<b>c</b> 2014 . . . . .	<b>c</b>		
<b>d</b> 2013 . . . . .	<b>d</b>		
<b>e</b> 2012 . . . . .	<b>e</b>		
<b>f</b> 2011 . . . . .	<b>f</b>		

Name(s) Shown on Return	Social Security Number
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Description	Amount
<b>Income</b>	
Wages . . . . .	
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
Total adjustments . . . . .	
<b>Modified adjusted gross income</b> . . . . .	

**Tax Summary**  
► Keep for your records

**2016**

Name (s)

<b>Total income</b> .....	
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	
<b>Itemized/standard deduction</b> .....	6,300.
<b>Exemption amount</b> .....	4,050.
<b>Taxable income</b> .....	0.
<b>Tentative tax</b> .....	0.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	
<b>Total tax</b> .....	0.
<b>Total payments</b> .....	
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	
<b>Refund</b> .....	
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	

**Which Form 1040 to file?**

You have elected to file Form 1040EZ.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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Taxpayer: \_\_\_\_\_  
Primary SSN: \_\_\_\_\_

Federal Return Submitted: \_\_\_\_\_  
Federal Return Acceptance Date: \_\_\_\_\_

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Your return has not been electronically transmitted yet

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2017. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2017. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.



## We need your consent - Early Access

This is an IRS requirement

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>
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First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

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Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:  
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup> You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup> The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

<sup>3</sup> However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

## Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions

[illegible]

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions

Shared Responsibility Payment Worksheet													
Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	X	X	X	X	X	X	X	X	X	X	X	X	
1. Total Number of X's for month. If 5 or more enter 5 . . . . .	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
2. Total Number of X's for month for individuals 18 or over. . . . .	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
3. One-half the number of X's in a month for individuals under 18 . . . . .													
4. Add lines 2 and 3 for each month . . . . .	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
5. Multiply line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085 . . . . .	695	695	695	695	695	695	695	695	695	695	695	695	
6. Sum of the number of X's on line 1 above for the year . . . . .												12	
7. Enter your household income . . . . .													
8. Enter your filing threshold . . . . .												10,350.	
9. Subtract line 8 from line 7 . . . . .													
10. Multiply Line 9 by 2.5%(.025) . . . . .													
11. Is line 10 more than \$2,085													
<input type="checkbox"/> <b>Yes.</b> Multiply line 10 by the no. of months for which line 1 is more than zero													
<input checked="" type="checkbox"/> <b>No.</b> Enter the amount of line 14 of the Flat Dollar Amount Worksheet												8,340.	
12. Divide line 11 by 12.0 . . . . .												695.	
13. Multiply line 6 by \$223 . . . . .												2,676.	
14. Enter the smaller of line 12 or 13 here and Form 1040, line 61; Form 1040A, line 38 or Form 1040EZ, line 11. This is your shared responsibility payment. . . . .													

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

<b>Nontaxable Combat Pay Election Smart Worksheet</b>	
<b>QuickZoom</b> to enter nontaxable combat pay on Form W-2 . . . . . ►	
<b>A Taxpayer:</b>	
1 Taxpayer, nontaxable combat pay . . . . .	_____
<b>2 Election for earned income credit (EIC):</b> Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3 Election for dependent care benefits (DCB):</b> Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4 Election for child and dependent care credit:</b> Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? . . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B Spouse:</b>	
1 Spouse, nontaxable combat pay . . . . .	_____
<b>2 Election for earned income credit (EIC):</b> Elect spouse's nontaxable combat pay as earned income for EIC? . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3 Election for dependent care benefits (DCB):</b> Elect spouse's nontaxable combat pay as earned income for DCB? . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4 Election for child and dependent care credit:</b> Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? . . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C</b> You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment _____	Amount due _____ 0.

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

<b>Investment Income Smart Worksheet</b>	
<b>A</b> Taxable and tax exempt interest . . . . .	_____
<b>B</b> Dividend income . . . . .	_____
<b>C</b> Capital gain net <b>income</b> . . . . .	_____
<b>D</b> Royalty and rental of personal property net <b>income</b> . . . . .	_____
<b>E</b> Passive activity net <b>income</b> :	
1 Rental real estate net income or loss . . . . .	_____
2 Farm rental net income or loss . . . . .	_____
3 Partnerships and S corporations net income or loss . . . . .	_____
4 Estates and trusts net income or loss . . . . .	_____
5 Total of lines 1 through 4 . . . . .	_____
6 Total passive activity net <b>income</b> , line 5 if greater than zero . . . . .	_____
<b>F</b> Interest and dividends from Forms 8814 . . . . .	_____
<b>G</b> Adjustments . . . . .	_____
<b>H</b> <b>Total investment income</b> , add lines A through G . . . . .	_____ 0.
Is line H, <b>total investment income</b> over \$3,400? <input checked="" type="checkbox"/> <b>No.</b> You may take the credit. <input type="checkbox"/> <b>Yes. Stop.</b> You <b>cannot</b> take the credit.	