ADDRS/I	FILING STATUS		
Yes	Address changes?	Name:	
Yes	Marital status changes? Add or remove dependents?	Date:	
Yes	Occupation changes?	EMAII	•
EXEMPT	TIONS & ADDITIONAL	ENIAII	J.
	RD DEDUCTIONS	Phone:	
# Of	Dependent children living at home		
# Of	Dependent children away at college	ADJUS	STMENTS
# Of	Children living with EX you are claiming		Traditional IRA contributions (Not Company
Vac	(Must have form 8332 signed by ex) New Dependents		Roth IRA contributions Pension Plans)
105	(Need date of birth and social sec#)	Yes	SEP contributions
Yes	_ Dependent parents		Alimony or separate maintenance paid
Yes	_ Any other dependents	Yes	Self-employed Health Insurance deduction Qualified Moving Expenses
	Do any of your dependent(s) have income? Either Spouse Blind/Disabled	Yes	
1 es	_ Ethief Spouse Billid/Disabled		(Form 1098T & print out of payments required)
INCOME		Yes	Student Loan Interest (Form 1098E)
		Yes	Educator (Teacher/Aide) Supplies/Education HSA deduction
Yes	Wages from W-2 Tips Unreported (Check for allocated tips)	168	HSA deduction
Yes		TAX C	OMPUTATION (Preparer check)
Yes	Interest & Dividend Income		Household Employees (Nanny, Housekeeper, etc)
Yes	_ Any Inherited assets or money	Yes	Penalty on IRA withdrawals (under age 59 ½)
Yes	State tax refunds received Social Security or Railroad Retirement		Age 70 ½ with required min distributions
Yes	Pension or Annuity payments received		
Yes	Disability Pension (Reportable on Line 7)	TAX C	REDITS & PAYMENTS
Yes	IRA distributions received (is any excludable?)		Child care (need SSN for each caregiver)
Yes	Rollovers of IRAs or 401Ks IRA Roth Conversion.	Yes	Did you make estimated tax payments?
	Alimony received	Vac	(Dates & Amounts)
Yes	Gambling / Lottery Winnings (gross winnings)	Ves	Residential energy improvements EIC REQUIRED DOCUMENTS
	Prizes / Settlements / Other		
Yes	Stock Sales or splits (adjust basis if split) (MUST HAVE BASIS OF STOCK SOLD)	AFFORDABLE CARE ACT	
	Stock Options Exercised	Yes	Did you have Health Insurance during the year?
Yes	_ Hobby Income	Yes	Did you pay for your own insurance?
Yes	Jury Duty Scholarships / Fellowships / Grants	(Wo m	(We need months covered and amount) ust have form 1095-A, if Insurance is thru Marketplace)
103	(can be fully or partially taxable)	(we m	ust have form 1075-A, if this utance is this u what keephace)
Yes	Refunds of previously deducted amounts	MISCELLANEOUS	
	Barter / Trade Income	<u>-</u>	Did you give more than \$14,000 in gifts?
Yes			Do you expect any major changes in 2017?
Yes	Mortgage Modification Schedule C, (use Schedule C Checklist)		Do you have any FOREIGN Bank Accts or Assets?
	Schedule F, (use Schedule F Checklist)		
Yes	Rental activities	OREG	<u>ON</u>
	Real Estate (Sch E) Days Rented Days of Personal Use	Ves	All Medical Exp pd if taxpayer/spouse 64/over
	Vacation Home		Taxpayer \$ Spouse \$
Yes		Yes	Are you registered as a Domestic Partner?
	Sale of residence	Yes	
	Unimproved land	Yes	Foreign Tax Subtraction
	Like-kind exchange Sale by foreclosure	Yes	Qualified Transportation Worker
	Did you repossess any property?	Yes	Military Active Duty pay Severely Disabled Taxpayer/Spouse
Yes	Royalty Income	Yes	Child eligible for Early Intervention or IEP
Yes	Partnership Income or Loss from K-1 (at risk?)	Yes	Political contributions (limited by income)
	Estate or Trust Income from K-1 S Corporation Income from K-1 (at risk?)	Yes	
		SEE BAC	CK FOR ITEMIZED DEDUCTIONS
Yes	Ally Office 2010 flictuite init insteri exemiere	(31/1/1/19/-re	

Spouse Signature

Date

Taxpayer Signature

Date

SCHEDULE A CHECKLIST

Yes _____ Do you have a casualty loss or theft?
Yes _____ Could you have been reimbursed by insurance?

MEDICAL		
Yes Prescription medicine or insulin	Yes Tax preparation fees (Prorate to Schedule C, etc.)	
Yes Doctor/Chiropractor/Psychologist	Yes Attorney fees to protect an income producing asset Yes Safety deposit box	
Yes Deterremopheton sychologist Yes Dentist	Yes Safety deposit box Yes Investment expense (not seminars)	
Yes Hospital / Clinic	Yes Appraisal fees: Casualty / Charity	
Yes Insurance Premiums ó Long Term Care	Yes Hobby expenses (limited to hobby income)	
Yes Insurance Premiums (including supplemental)	Yes Job seeking expense / employment agency fees	
Yes Drug or Alcohol treatment center	Yes Gambling losses (to extent of winnings)	
Yes Ambulance	Yes Impairment related work expenses	
Yes Stop Smoking Programs		
Yes Lodging for medical travel (\$50 per day limit)	Employee Work Expenses:	
Yes Medical Mileage	Yes Employee required medical examination	
Yes Eyeglasses/Contacts (not supplies)	Yes Employee® office-in-home if required by employer	
Yes Hearing aids/batteries	Yes Professional license or dues	
Yes Dentures	Yes Employee® continuing education	
Yes Capital expenditures (ramps/elevators, etc)	Yes Small tools (expendable)	
Yes Medical exp of dependents, whether living with	Yes Unreimbursed Expenses for W-2 Job	
you or not Yes In Home Conscient for Medical Core	Yes Union Dues	
Yes In-Home Caregiver for Medical Care	Yes Uniforms and cleaning	
	Yes Safety equipment	
<u>TAXES</u>	Yes Business % of Cell Phone Yes Depreciation allowance for employee¢s tools	
	Yes Subscriptions to professional journals	
Yes PORTLAND ARTS TAX \$ you must file	Yes Employee Business mileage must have:	
this yourself!!!! Due by April 18th and is online.	2 Improjec Business initeage must have:	
Yes Oregon estimated pmts (made for / in 2016)	Total Miles driven during year	
Yes Oregon balance due (ANY year) paid in 2016	Total Miles driven during your	
Yes Real Estate Tax (residence/Investment property)	Business Miles driven during year	
Yes Personal property Tax (Mobile home, boat etc) Yes State Sales Taxes		
Tes State Sales Taxes	Commute (to/from W2 job) driven during year	
INTEREST	Auto Description	
·	ruto Description_	
Yes Purchase, Sell or Refinance a home? Bring FINAL Closing Disclosure	Date in service	
Yes Home Mortgage Interest	(MUST HAVE WRITTEN PROOF OF MILEAGE TAKE	
Yes Home Mortgage Insurance	· ·	
Yes Is any Home Mortgage Interest õEquity Debtö?	AND TOTAL DRIVEN)	
Yes RV or Boat Interest (must have Kitchen and Toilet	Di de la C	
Facilities)	Direct Deposit Info:	
Yes Investment Interest:	B 4 37	
- Margin Accounts - Investment property	Bank Name	
CONTRIBUTIONS	Routing Number	
Yes Cash/Check (Proof Reqød):	Account Number	
- Church - School - United Way - Humane Society	Checking Savings	
- Boy/Girl Scouts - Other	Checking Savings	
Yes HAVE CANCELLED CK/RECEIPT		
Yes Volunteer Miles Driven:		
Yes Other than Cash (Stuff):	OHECTIONS AND NOTES.	
- Salvation Army - Church	QUESTIONS AND NOTES:	
- ARC - Cerebral Palsy		
- Goodwill - Veterans		
Get receipts AND have a priced itemized list!!!		
Price list available at www.salvationarmyusa.org,		
www.goodwill.org or our website		
CASUALTY OR THEFT		

MISC. ITEMIZED DEDUCTIONS