



OTHER 2016 TAXES PAID

Quarterly Estimated Taxes

Did you make Quarterly Estimated Tax Payments? ____ yes ____ no; *if yes, please the amounts below:*

Please provide copies of the checks

Federal: \$ _____ \$ _____ \$ _____ \$ _____
 04/15/16 06/15/16 09/15/16 01/15/17

Federal: \$ _____ \$ _____ \$ _____ \$ _____
 04/15/16 06/15/16 09/15/16 01/15/17

Other Taxes Paid:

\$ _____ \$ _____ \$ _____
 Real Estate Tax-Primary Residence Other Personal R.E. Tax Vehicle Registration Ownership Tax

INCOME

Please check all of the following sources of applicable income; All corresponding statements need to be included with this return.

- W-2's** – Provided by employers
- 1099-MISC. STATEMENTS** – Other income
- 1099-INT STATEMENTS** – Interest income
- 1099-DIV STATEMENTS** – Dividend income
- 1099-B OR S STATEMENTS** – Capital Gains
- 1099-A AND 1099-C STATEMENTS** – Debt Forgiveness
- K-1 STATEMENTS** – Business income
- SSA – 1099** – Social Security income
- FORM 1095** – Proof of Health Insurance
- 1099-R** – Early Withdrawal from a retirement account

FOREIGN BANK ACCOUNTS

Do you own or have signature authority over a foreign bank account? ____ yes ____ no

Do you have signature authority or any other consideration in any bank accounts, securities, or other financial accounts exceeding \$10,000 in any foreign country? ____ yes ____ no



IRA CONTRIBUTIONS

	YOU	SPOUSE	Do you wish to make an additional contribution for 2016?
Roth IRA	\$ _____	\$ _____	\$ _____
Traditional IRA	\$ _____	\$ _____	\$ _____
SEP IRA	\$ _____	\$ _____	\$ _____

MEDICAL EXPENSES

Medical Premiums

Do you currently have health insurance coverage for you and your dependents? ___ yes ___ no;

if yes, is this coverage sponsored and / or provided by your employer? ___ yes ___ no

if yes, for how many months of the year was coverage in place? _____

Not including employee sponsored premiums, Medical Premiums Paid Directly by You \$ _____

For the following out of pocket expenses, DO NOT include any amounts reimbursed through FSA/HSA.

Other Medical / Health Expenses

Medical Co-Pays: \$ _____ Medical Deductibles: \$ _____

Labs, X-Rays: \$ _____ Prescriptions: \$ _____

Dental: \$ _____ Vision: \$ _____

Medical Mileage _____

Health Savings Account (HSA) Contributions

Amount contributed by you to your HSA: Family \$ _____ Single \$ _____

Amount contributed by your employer to your HSA: \$ _____

Long Term Care Premiums

Long Term Care Premium (You): \$ _____

Long Term Care Premium (Spouse) \$ _____



MORTGAGE INTEREST PAID

Do you have mortgage interest on your Primary Residence? ____ yes ____ no; *if yes, please attach the 1098 from your lender.*

Have you refinanced your mortgage ____ yes ____ no; *if yes, did you take cash out?* ____ yes ____ no;

What purpose? _____

Do you have a 2nd Mortgage or HELOC Interest on your Primary Residence? ____ yes ____ no;

if yes, how much? \$_____ *please attach a copy of the 1098 from your lender.*

CHARTIABLE CONTRIBUTIONS

Cash Contributions

- | | |
|--|--|
| 1. _____ \$ _____
Organization Amount | 2. _____ \$ _____
Organization Amount |
| 3. _____ \$ _____
Organization Amount | 4. _____ \$ _____
Organization Amount |
| 5. _____ \$ _____
Organization Amount | 6. _____ \$ _____
Organization Amount |

Non-Cash Contributions

- | | |
|--|--|
| 1. _____ \$ _____
Organization Amount | 2. _____ \$ _____
Organization Amount |
| 3. _____ \$ _____
Organization Amount | 4. _____ \$ _____
Organization Amount |
| 5. _____ \$ _____
Organization Amount | 6. _____ \$ _____
Organization Amount |

All contributions of \$250 or more require a letter from the charity reflecting that no goods or services were received in consideration for your cash donation. The letter must be dated before your return is filed. There are additional reporting requirements for non-cash donation of \$500 or more.

Volunteer Mileage

Do you have a written record of volunteering mileage? ____ yes ____ no;

If yes, what is your total volunteering mileage _____



MISC DEDUCTIONS & EMPLOYEE EXPENSES

\$ _____ Tax Preparer Fees	\$ _____ Safe Deposit Fee	\$ _____ Certain Legal Fees	\$ _____ Student Loan Interest
\$ _____ Professional Dues/Fees	\$ _____ Subscriptions	\$ _____ Tools/Shoes	\$ _____ Uniforms/Upkeep
\$ _____ Union Dues	\$ _____ Continuing Education	\$ _____ Job Hunting Expenses	\$ _____ Qualified Educator Expenses
\$ _____ Maintenance / Alimony	_____ Payer's SSN		\$ _____ Other, please explain

CHILD / DEPENDENT CARE EXPENSES

_____ Provider Name	_____ SS#/TIN	_____ Address	\$ _____ Amount
_____ Provider Name	_____ SS#/TIN	_____ Address	\$ _____ Amount

COLORADO SCHOLARS CHOICE 529 PLAN CONTRIBUTIONS

_____ Student's Name	_____ Account Owner	\$ _____ Amount
_____ Student's Name	_____ Account Owner	\$ _____ Amount

COLLEGE EXPENSES

College expenses paid to a college/university: you, spouse, and dependents. Please attach 1098-T.

_____ Student's Name	_____ Name/State of Institution	_____ Yr. In School
\$ _____ Qualified Tuition/Fees	\$ _____ Room/Board	\$ _____ Supplies
_____ Student's Name	_____ Name/State of Institution	_____ Yr. In School
\$ _____ Qualified Tuition/Fees	\$ _____ Room/Board	\$ _____ Supplies



SELF EMPLOYMENT INCOME AND EXPENSES

Income:

\$ _____ 1099-Misc. Self Employed Income \$ _____ Self Employed Income not reported on 1099-Misc.

Vehicle Information:

Yr/Make/Model _____ Date Placed in Service _____ Total Miles/Yr. _____ Total Business Miles/Yr.

Do you have a written mileage record? ____ yes ____ no

Was vehicle available for personal use? ____ yes ____ no

Is another vehicle available for personal use? ____ yes ____ no

Parking Fees/Tolls: \$ _____ Property Tax on vehicle: \$ _____

Equipment:

Equip. Purchased: _____ Equip. Purchase Date(s): _____

Purchase Amount: \$ _____ Prior Depreciation (?): ____ yes ____ no; \$ _____

Expenses:

\$ _____ Office Rent	\$ _____ Utilities	\$ _____ Phone	\$ _____ Postage/Shipping
\$ _____ Legal/Professional Fees	\$ _____ Subscriptions	\$ _____ Gifts	\$ _____ * Meals / Entertainment
\$ _____ Office Supplies	\$ _____ Dues/Fees	\$ _____ Internet/Web Service	\$ _____ Cell Phone/Pgr.
\$ _____ Liab. Insurance	\$ _____ Wages/Contractors Pd	\$ _____ Commissions Pd	\$ _____ Continuing Ed
\$ _____ Airfare	\$ _____ Food-Travel	\$ _____ Hotel-Travel	\$ _____ Transportation-Travel
\$ _____ Tools	\$ _____ Repairs/Maintenance	\$ _____ Supplies/Other	\$ _____ Self Employed Health Ins.
\$ _____ Bank Charges	\$ _____ Advertising		



Office in the Home Expenses: Employees & Self Employed

Do you have a dedicated home office? ____ yes ____ no

Which method would you like to use to deduct for your home office:

_____ Allocation of Expenses _____ Safe Harbor, \$5 / sq foot of office space _____ Whichever is best

_____ Sq Footage of Office

_____ Total Sq Footage of Home

_____ % of Home Dedicated to Home Office

Please provide the following information is requesting Allocation of Expenses calculation:

\$ _____
Cost of Home

\$ _____
Cost of Land

\$ _____
Improvements

\$ _____
Utilities/year

\$ _____
Repairs

\$ _____
Mortgage Interest/Rent

\$ _____
Home Owners Insurance

\$ _____
Home Maintenance Expense

\$ _____
Real Estate Taxes

2016 QUALIFYING ENERGY CREDITS

Qualifying windows, doors, roofing materials, and insulation. Solar, wind, or geothermal systems. Must provide receipts.

Property: _____

Amount of credit previously taken? _____



RENTAL REAL ESTATE AND ROYALTIES

Property A Address: _____ City: _____ ST: _____ ZIP: _____

Property B Address: _____ City: _____ ST: _____ ZIP: _____

Property C Address: _____ City: _____ ST: _____ ZIP: _____

Rent Income:	Property A	Property B	Property C
Rents received	_____	_____	_____
Expenses:			
Advertising	_____	_____	_____
Auto/Travel	_____	_____	_____
Cleaning/Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal/Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest paid	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
HOA Fees	_____	_____	_____
Others Expenses	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
*Purchase Date:	_____	_____	_____
*Total Cost / Value	_____	_____	_____

*Provide if new property/or new to us.