

2016 TAX ORGANIZER

Sciarabba Walker & Co., LLP
410 East Upland Road 839 NY Route 13
Ithaca, NY 14850 Cortland, NY 13045
(607) 272-5550 (607) 272-5550

TAX INFORMATION NEEDED ASAP

This tax organizer has been prepared for your use in gathering the information we will need to complete your 2016 taxes. Your year-end documents will be arriving shortly and we encourage you to organize and submit your data as soon as possible. The earlier your information is received, the sooner we will be able to get your completed return back to you. In order for your return to have the best chance of being completed by the April 18th filing deadline, your tax information must be received in our office no later than Monday, March 6, 2017. Due to the large number of returns in our office at that time, if your tax information is received after this date, extensions will be filed on your behalf.

We are once again using a checklist style format for the standard sections of the organizer. **Instead of pulling information from your source documents and completing the grids, simply check the box to indicate that this information is applicable for 2016 and include the documents along with the organizer in your tax package.** The more customized sections like the Business and Rental sections, will require more time and input of data. Please be sure to draw a line through any obsolete information in the organizer. A complete and organized tax package will allow us to prepare your return more efficiently, thus minimizing our time charges.

If you do not have time to complete the entire organizer, we do ask that you review forms 3 & 3A for accuracy of personal and dependent information and answer the miscellaneous questions in the front of the organizer. These questions are revised annually for changes in the tax law and help us to identify important tax issues and opportunities within your return.

The information you are supplying to us must be accurate and complete. It is your responsibility to retain supporting records as required by law. Although we do not audit the information you give us, we may ask for clarification of data or additional support in some instances.

Have you signed up for our client portal? Portal is an online extension of our website which allows you to securely exchange your financial information with us and gives you 24 hour access to your tax returns and other important documents. To set up your own secure portal, please contact Kyle Justice, our IT administrator, at 607-272-5550 or kjustice@swcllp.com or provide your contact information in the blanks provided in the last question of the "miscellaneous questions" section of the organizer.

Please contact us should you have any questions or need assistance with gathering your 2016 information. Thank you for giving us the opportunity to prepare your tax return this filing season.

The Partners and Staff of Sciarabba Walker & Co., LLP

Miscellaneous Questions

To expedite our scanning process, please do not staple documents together or to the organizer sheets. Use dark ink or pencil only.

Answer each question as it pertains to 2016.

Yes No

PERSONAL INFORMATION

- ___ ___ Are you and your spouse US Citizens? If not, please identify country of citizenship.
Taxpayer: _____ Spouse: _____
- ___ ___ Can you or your spouse be claimed as a dependent by another taxpayer?
- ___ ___ Did your marital status change during the year? **If so, please provide details on the "Additional Information" page.**
- ___ ___ Did your address change during the year? **If so, please update Form 3 accordingly.**
- ___ ___ Were you a resident of, or did you have income in, more than one state during the year? If so, please provide details: _____
- ___ ___ Have you recently been a victim of identity theft? If so, and you have contacted the IRS regarding the matter, please provide the 6 digit identity protection PIN issued to you by the IRS.

HEALTHCARE COVERAGE

- ___ ___ Did you have healthcare coverage (health insurance) for you, your spouse, and any dependents for every month of 2016? **Please provide us with a copy of all forms 1095-A, 1095-B, and 1095-C you have received for 2016.** If you did not have healthcare coverage for all months of 2016, please provide an explanation for any lack of coverage on the "Additional Information" page.

DEPENDENTS

- ___ ___ Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2016 and **not** full-time students? If so, please provide details: _____

- ___ ___ Were there any changes in dependents from the prior year? If so, please provide details:

- ___ ___ Did any of your dependents have income over \$1,050 during 2016? (Over \$400 if self-employed.) If so, please provide details: _____
- ___ ___ Did you pay for the care of a dependent under 13 years of age while you worked, looked for work, or attended college full time? **If so, please complete Form 18.**

Miscellaneous Questions

TAX PAYMENTS

___ ___ Did you make estimated tax payments in 2016? If so, **please list the payments on the “federal, state, and city tax payments” page, and indicate the date paid even if payment was made on the due date. Please DO NOT list payments made in 2016 related to your 2015 tax filing (Ex: 4th Quarter payments due 1/15/16 & balances due with 2015 tax returns)**

___ ___ If you have a refund for 2016, would you like to have your refunds directly deposited into your bank account? If so, **please review or enter the bank information on Form 4A and include a voided check**. Direct deposit is the safest and quickest way to get your refund!

___ ___ If you have a balance due for 2016, would you like to have your taxes due electronically withdrawn from your bank account? If so, **please review or enter the bank information on Form 4A and include a voided check**.

PURCHASES, SALES, AND DEBTS

___ ___ Did you sell any stocks, bonds or other securities in 2016? **Please provide the acquisition date and cost basis for any transactions not reported through a broker or on Form 1099-B.**

___ ___ Did you receive any income in 2016 from property sold prior to 2016? If so, please provide details: _____

___ ___ Did you sell any artwork, stamps, coins or other collectibles in 2016? If so, please provide acquisition date and basis information on the "Additional Information" page.

___ ___ Did you sell any stock of a C corporation that had less than \$50 million of assets at time of purchase? If so, please provide acquisition date and basis information on the "Additional Information" page. Note: publicly traded C corporations are unlikely to meet this criteria.

___ ___ Did you or your spouse sell or dispose of any stock acquired under a qualified employee stock purchase plan? If so, please provide details: _____

___ ___ Did you purchase or sell any real estate during 2016? **Please attach closing statements.**

___ ___ Did you convert a vacation home to a principal residence? If so, please provide details: _____

___ ___ Did you have any debts canceled or forgiven? If so, please provide details: _____

___ ___ Did anyone owe you money which became uncollectible or did you have any securities that became worthless? If so, please provide details: _____

MISCELLANEOUS QUESTIONS, continued

Yes No

BUSINESS INCOME AND DEDUCTIONS

- ___ ___ Did you start, purchase, or sell a business or farm? If so, please provide details on the "Additional Information" page.
- ___ ___ Did you or your spouse conduct business in multiple states during the year? If so, please provide a schedule of all income and expenses by state.
- ___ ___ Did you purchase or sell a rental property? **Please attach closing statements.**
___ ___ If so, did you actively participate in the operation of the property during the year?
- ___ ___ Did you or your spouse perform more than 750 hours in real estate activities during the tax year?
___ ___ If so, were more than half of the hours you worked throughout the year devoted to these real estate activities?
- ___ ___ Did you acquire or dispose of all, or part, of an interest in a partnership, S corporation, trust or REMIC?
- ___ ___ Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business assets? If so, please provide a detailed list of assets acquired and disposed of including date of acquisition, purchase price and sales price.
- ___ ___ Did you use your car for business purposes (other than for your daily commute)?
___ ___ If so, do you have a mileage log to support your deduction? This should include expenses incurred, starting and ending odometer readings, mileage, date, destination and business purpose of the trip.
- ___ ___ Did you use a portion of your home for business, or as a rental property?
- ___ ___ Did you utilize the services of an independent contractor this year?
___ ___ If so, did you file the appropriate year end 1099 miscellaneous income forms?
- ___ ___ Did you travel for business or have meals and entertainment expenses related to business?
- ___ ___ Does your self-employed or closely held business retirement plan:
___ ___ Cover employees?
___ ___ Have more than \$250,000 in assets at December 31, 2016?
- ___ ___ Are there filing requirements for your self-employed or closely held business retirement plan? If so, please identify the type of plan: _____ Who prepares Form 5500, if required? _____
- ___ ___ Did you provide medical insurance to your employees through the SHOP marketplace in 2016 and pay at least 50% of the cost of single coverage for each employee?
___ ___ If so, do you have fewer than 25 full-time equivalent employees, excluding family members, to whom you are paying annual average wages of less than \$51,800 per employee?
- ___ ___ Did you have 50 or more full time equivalent employees (FTE's) in 2016?
- ___ ___ Did you have or provide a self-insured health plan during 2016?

RETIREMENT PLANS

- ___ ___ Did you or your spouse retire in 2016?

MISCELLANEOUS QUESTIONS, continued**Yes No**

- Did you receive a distribution from a profit sharing plan, retirement plan, 401(k), SEP, SIMPLE, traditional IRA, or ROTH IRA?
 If so, was this distribution partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses or to purchase a first home for you, your spouse, your children, or grandchildren? If so, please provide details on the "Additional Information" page.
- If you or your spouse have reached age 70 ½ or will reach that age in 2016 have you made arrangements to take the required minimum distributions from your retirement accounts?
- Did you make a direct contribution to a charitable organization from your IRA in 2016?
- Did you convert funds from a qualified retirement plan to a ROTH IRA in 2016?
- Have you made a contribution to your:
 - Traditional IRA
 - ROTH IRA
 - Keogh
 - SEP
 - Other self-employed retirement plan
- Do you wish to make a contribution to the following for 2016:
 - Traditional IRA
 - ROTH IRA
 - Keogh
 - SEP
 - Other self-employed retirement plan
- Are you or your spouse an active participant in an employer maintained retirement plan?
- Do you or your spouse have a 403(b) plan through an educational organization, not for profit employer or a hospital? If so, please note the following for 2016:
 employee contribution _____ employer contribution _____
 spouse's contribution _____ spouse's employer's contribution _____

ITEMIZED DEDUCTIONS

- Did you pay an individual to perform in-home health care for yourself, your spouse, or dependents?
- Did you pay premiums for long-term care? If so, **please include the amounts in the medical/dental section on Form 14.**
- Did you make any large purchases such as a car, motor home, boat, or snowmobile this year? If so, **please attach invoice.**
- Did you refinance your home or take out a home equity loan this year? If so, what were the funds used for (i.e. home improvement, new car purchase, vacation, etc.)?
-

MISCELLANEOUS QUESTIONS, continued

Yes No

- ___ ___ Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, **please provide principal balances and interest rates at the beginning and end of the year.**
- ___ ___ Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received Form 1098?
- ___ ___ Did you make any charitable contributions by cash, check or credit card?
- ___ ___ Did you contribute clothing or household items to charity? If so, **please provide receipt from donee and the fair market value of the donated items based on thrift store values or some other acceptable method.**
- ___ ___ Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
- ___ ___ Did you make any contributions to foreign charities?
- ___ ___ Did you incur any casualty or theft losses during the year? If so, please provide details:
-

EDUCATION DEDUCTIONS AND CREDITS

- ___ ___ Did you pay any student loan interest in 2016?
- ___ ___ Did you cash in any Series EE U.S. Savings Bonds issued after 1989 to pay for qualified higher education expenses for yourself, your spouse, or your dependents?
- ___ ___ Did you or your dependents pay tuition related expenses for any post-secondary education? If so, **beginning in 2016 you must provide a copy of the college issued 1098-T to us in order to claim any education credits.**
- ___ ___ Did you make a contribution(s) to, or take a distribution(s) from a college savings plan (Sec. 529 plan) or a Coverdell Education account before December 31, 2016? If so, please provide:
- | <u>Name of Designated Beneficiary</u> | <u>State Sponsoring Plan</u> | <u>2016 Contribution</u> | <u>2016 Distribution</u> |
|---------------------------------------|------------------------------|--------------------------|--------------------------|
| | | | |

OTHER INCOME, DEDUCTIONS, TAXES, AND CREDITS

- ___ ___ Did you receive any disability income this year? If so, please provide details: _____
-
- ___ ___ Did you receive any unemployment compensation this year? If so, please provide details: _____
-
- ___ ___ If you and/or your spouse have self-employment income, did you pay any premiums for health insurance for you and/or your family other than those related to a W-2 employer's plan? **Please include amounts paid in the medical/dental section on Form 14.**
- ___ ___ Were either you or your spouse eligible to participate in an employer's health insurance long-term care plan?

MISCELLANEOUS QUESTIONS, continued

- | Yes | No | |
|------------|-----------|---|
| ___ | ___ | Did you have a Health Savings Account (HSA) or a Medical Savings Account (MSA) this year? If so, please provide the details of contributions and distributions. (This is NOT a flexible spending account (FSA) such as Select Benefits at Cornell.) |
| ___ | ___ | Did you or your spouse receive distributions from long-term care insurance contracts? If so, please include Form-1099-LTC , and provide details: _____ |
| ___ | ___ | Did you incur moving expenses due to a change of employment? If so, please provide a summary of your expenses. |
| ___ | ___ | Did you purchase a plug in electric drive vehicle this year? If so, please provide invoice , and details: _____ |
| ___ | ___ | Did you make any energy efficient improvements to your home this year? If so, please provide any invoices and a description of the property _____, cost of the improvements \$ _____, and the date of the improvements _____ |
| ___ | ___ | Did you install any alternative energy equipment such as residential wind property, solar water heaters, solar electricity equipment (photovoltaic), or fuel cells in your home this year? If so, please provide invoices and details: _____ |
| ___ | ___ | Did you pay more than \$1,000 in any calendar quarter, or \$2,000 during the year, for domestic services performed in, and around, your home to individuals over age 18 who could be considered household employees? If so, please provide Form W-2 and details: _____ |
| ___ | ___ | Did you engage in any bartering transactions? If so, please provide details: _____ |
| ___ | ___ | Did you incur any expenses working as a teacher, counselor, or principal for classes K-12 grade? If so, please provide details: _____ |

FOREIGN ASSETS, INCOME, AND TAXES**Note: US persons are required to report worldwide income.**

- | | | |
|-----|-----|--|
| ___ | ___ | Did you have any foreign income or pay any foreign taxes (other than from shares purchased and held through a U.S. brokerage account)? If so, please provide details: _____ |
| ___ | ___ | Did you own any foreign assets? If so, please provide details on the Statement of Specified Foreign Financial Assets worksheet included with this organizer. |
| ___ | ___ | Did you have interest in, or signature authority over, a financial account in a foreign country, such as a bank account, securities account, retirement account, or other financial account or more at any point during 2016? |
| ___ | ___ | If so, was the combined value of <u>all</u> of the accounts \$10,000 (in U.S. dollars) or more at any point during 2016? If so, please provide details on the Statement of Specified Foreign Financial Assets worksheet included with this organizer. |

MISCELLANEOUS QUESTIONS, continued

Yes No

___ ___

Did you receive gifts or an inheritance from a foreign person? If so, please provide details:

___ ___

Did you receive a distribution (which includes loans) from or were you the grantor, transferor, or beneficiary of a foreign trust? Note: A non-US pension account may be considered a foreign trust. If so, please provide details:

___ ___

Are you an officer/director of a foreign corporation or do you own 10% or more of the total value of a foreign corporation's stock? Do you have an interest in a foreign partnership?

___ ___

Do you or your spouse have a retirement account in, or receive income from, a business or government of another country? If so, please provide country name _____ and additional details: _____

NEW YORK STATE SPECIFIC QUESTIONS

___ ___

Did you make any purchases of items used in NYS during 2016 which you did not pay NYS or local sales tax? If so, **you must report and pay the tax with your return. A table of average taxes based on income can be used instead of specific calculations unless any one purchase exceeded \$1,000.**

___ ___

Are you eligible for and do you want to use the table amount? If not, provide us with the amount of total purchases \$ _____ or calculated sales tax \$ _____

___ ___

Did you invest in any high technology or emerging technology companies located in New York State this year? If so, please provide the date, amount invested and whether you had any ownership in the company prior to the purchase. _____

___ ___

Are you the owner or involved in the management of a company that might be considered to be in an emerging technology field? If so, please provide details, as there are credits that could potentially be available to the company: _____

___ ___

Are you the owner or involved in the management of an Empire Zone certified business? If so, **please provide your retention certificate for 2016.**

___ ___

Are you or your spouse an active volunteer fireman or ambulance worker?

___ ___

If so, did you receive a reduction in your town and county taxes? If not, a credit may be available to you; please provide: Company name _____
Address _____ Name of volunteer _____

___ ___

Did you receive a Property Tax Freeze Credit check from NYS? If so, please provide the amount of the credit you received: _____

MISCELLANEOUS

___ ___

Did you or your spouse make any gifts in 2016 to an individual that totals more than \$14,000, or any gifts to a trust? If so, **please provide the details on the "Additional Information" page.**

___ ___

Do you or your spouse have an irrevocable trust?

___ ___

Did you or your spouse forgive any indebtedness to any individual, trust, or entity during the year? If so, please provide details: _____

MISCELLANEOUS QUESTIONS, continued

Yes	No	
___	___	Did you, your spouse, or your dependents inherit any assets during 2016? If so, please provide details: _____
___	___	Did you receive a government pension or annuity from work in 2016? If so, are you covered by social security?
___	___	Did you work out of town for part of the year? If so, please provide details on the "Additional Information" page
___	___	Were you notified or audited by the Internal Revenue Service and/or any state taxing authority? If so, please provide copies of the notices and all correspondence received.
___	___	May we automatically indicate on your returns that the Internal Revenue Service and any state taxing authority may discuss your returns with our office? This will aid in the efficient resolution of tax notices.
___	___	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
___	___	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
___	___	Do you expect a large fluctuation in your income, deductions or withholdings next year? If so, please provide details on the "Additional Information" page.
___	___	Have you registered for our secure client portal to gain 24 hour access to copies of your tax returns?



2016

Personal Information

3

Taxpayer: _____
 First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Issue Date (Mo/Da/Yr) _____ Expiration Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Spouse: _____
 First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Issue Date (Mo/Da/Yr) _____ Expiration Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Contact Information: _____
 Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?
 Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?
 Do you want to contribute to the Presidential Election Campaign Fund?
 Are you a U.S. citizen or Green Card holder?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options



2016

Dependents

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2015, your account information may already be included below.

Would you like any refunds owed to you directly deposited?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings myRA
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings myRA
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



Business Income and Cost of Goods Sold

2016

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2016:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2016 Amount	2015 Amount

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2016 Amount	2015 Amount

Miscellaneous income:

Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales _____

Less returns and allowances _____

Cost of Goods Sold:

2016 Amount	2015 Amount

Beginning inventory _____

Purchases less cost of items withdrawn for personal use _____

Cost of labor (do not include amounts paid to yourself) _____

Materials and supplies _____

Other costs of goods sold:

Description	2016 Amount	2015 Amount

Ending inventory _____



2016

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2016:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



2016

Business Expenses

6C

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2016 Amount	2015 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2016 Amount	2015 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	2016 Amount	2015 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service

(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2016	2015
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2016 Amount	2015 Amount



2016

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2016	2015

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2016

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Debts that became uncollectible
- Securities that became worthless
- Sale of any property where you will receive payments in future years

Yes	No

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

Installment Sales: **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2016 Principal Received	2015 Principal Received



2016

Rental and Royalty Income

Location of Property: _____

TSJ
Type of property

Yes	No
-----	----

Have you prepared or will you prepare all required Forms 1099?

Ownership percentage if not 100%
How many days was this property rented at fair market value?
How many days was this property used personally (including use by family members)?

2016	2015

Income:

Rents received
Royalties received

2016 Amount	2015 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2016 Amount	2015 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2016 Amount	2015 Amount

Other income:

Description	2016 Amount	2015 Amount



2016

Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2016 Amount	2015 Amount



2016

Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2016:

Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use?	
Was your vehicle available for use during off-duty hours?	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use?	
Was your vehicle available for use during off-duty hours?	
2016 Miles	2015 Miles
2016 Amount	2015 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Rental and Royalty Business Expenses

2016

Location of Property: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business _____ %

	2016 Amount	2015 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2016 Amount	2015 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2016 Amount	2015 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:
 If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business _____ %
 Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
 Was your vehicle available for personal use during off-duty hours? Yes No

	2016	2015
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2016 Amount	2015 Amount



2016

Rental - Business Use of Home

10E

Location of Property: _____

Partial Use of Your Home for Business:

2016

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2016 Amount	2015 Amount	2016 Amount	2015 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with 2 main columns for TSJ (with blank line) and 2 sub-columns for 2016 Amount and 2015 Amount. Rows include Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns: TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns: TSJ, Nature and Source, 2016 Amount, 2015 Amount.

Alimony Paid or Received:

Table with columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2016 Amount, 2015 Amount.



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2016 Amount	2015 Amount

Health Savings Accounts (HSAs)

TS	Description	2016 Amount	2015 Amount
	Contributions made for 2016		
	Distributions received from all HSAs in 2016		

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2? Yes No

Were all distributions from your HSA for unreimbursed medical expenses? Yes No

Did you or your spouse enroll in Medicare? Yes No

If Yes, what month did you enroll? _____

What month did your spouse enroll? _____

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2016 Amount	2015 Amount



Itemized Deductions - Medical and Taxes

2016

Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid *

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

TSJ	2016 Amount	2015 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

2016 Amount	2015 Amount

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2016 Amount	2015 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

TSJ	2016 Amount	2015 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2016 Amount	2015 Amount

Other Taxes Paid:

TSJ	Description	2016 Amount	2015 Amount

If you purchased or sold your home in 2016, did you include any taxes from your closing statement in the amounts above? Yes No



2016

Mortgage Questions for 2016:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount	2015 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2016 Amount	2015 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2016 Amount	2015 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2016 Amount	2015 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2016 Amount	2015 Amount



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2016 Amount, 2015 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2016 Amount, 2015 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2016 Miles, 2015 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less: Include all documentation.

Table with 4 columns: TSJ, Description of Donated Property, 2016 Amount, 2015 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ Description of the donated property

Donee organization name

Donee organization address

Date the property was acquired by the taxpayer (Mo/Da/Yr)

Date the property was donated (Mo/Da/Yr)

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues

Tax preparation fee

Professional subscriptions

Hobby expense (To extent of income)

Safe deposit box

Uniforms and protective clothing

Work tools

Gambling losses

Estate taxes

TSJ	2016 Amount	2015 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2016 Amount	2015 Amount

Casualty or Theft Loss:

TSJ

Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use Business use Income producing Employee Use Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2015 but paid in 2016
 Employer-provided dependent care benefits that were forfeited in 2016
 2015 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2016 Amount	2015 Amount
Expenses incurred and paid in 2016		
Expenses incurred and not paid in 2016		

Provider 2:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2016 Amount	2015 Amount
Expenses incurred and paid in 2016		
Expenses incurred and not paid in 2016		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2016 Expenses Incurred	2015 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2016 Qualified Expenses



2016

Federal, State, and City Tax Payments

Refund Application:

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

Refunded Yes No
 Applied to next year's estimated tax liability Yes No

Federal Estimated Tax Payments:

2016 1st Quarter Estimate (Due 04-18-2016)
 2016 2nd Quarter Estimate (Due 06-15-2016)
 2016 3rd Quarter Estimate (Due 09-15-2016)
 2016 4th Quarter Estimate (Due 01-17-2017)

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

2016 1st Quarter Estimate
 2016 2nd Quarter Estimate
 2016 3rd Quarter Estimate
 2016 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate
 2016 2nd Quarter Estimate
 2016 3rd Quarter Estimate
 2016 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate
 2016 2nd Quarter Estimate
 2016 3rd Quarter Estimate
 2016 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2016 1st Quarter Estimate
 2016 2nd Quarter Estimate
 2016 3rd Quarter Estimate
 2016 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid



2016

General Information:

Resident county

School district name

School district code number

Did you make out of state, Internet or catalog purchases on which no sales tax was paid?

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY

Did you receive a property tax freeze credit?

If Yes, enter the amount

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government?

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City ZIP code

Foreign country

Residency Information:

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If you did not live in New York state for all of 2016, enter the dates you did live in New York

If you were not a resident of New York state for any of 2016, enter the number of days spent in the state

Were you a part-year resident and received New York State income during nonresidency period?

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

Address line 1

Address line 2

Do you still maintain these living quarters in New York?

Were New York State living quarters maintained for the entire year?

Were you a New York City resident for only part of the taxable year?

Table with 2 columns: Yes, No for three questions

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year?

Table with 2 columns: Yes, No

Table with 2 columns: From (Mo/Da/Yr), To (Mo/Da/Yr)

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2016?

Did you reside in public housing or other residence completely exempted from real property taxes in 2016?

Table with 2 columns: Yes, No for two questions

