

TAX DATA SHEET	2016 TAX YEAR
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Taxpayer Name _____ Social Sec# _____
 Spouse's Name _____ Social Sec# _____
 Address _____ Telephone _____
 E-mail Address _____ Cell Phone _____

County as of January 1, 2016 _____
 Residence (T) _____ (S) _____ Date of Birth (T) _____ (S) _____
 Employment (T) _____ (S) _____ Occupation (T) _____ (S) _____

CHILDREN AND/OR DEPENDENTS:

Name	Social Sec#	Relationship	Date of Birth	Live in Home/Income

Filing Status: (Circle One)
 Single Married Filing Joint Married Filing Single Head of Household

Are you filing college financial aid forms (FAFSA)? Yes No

Income Received from Wages, Bonuses, Social Security, Pensions & Annuities:

* Please bring in W-2 statements, and other related statements.
 Spreadsheet available upon request

Dividends and Interest Income:

* Please bring in all 1099 Forms and annual broker statements.
 Spreadsheet available upon request

Gains and Losses From Sales or Exchanges of Assets:

* Please bring in the following information.
 1 Description of property 3 Date sold 5 Cost or other basis, plus reinvestments
 2 Date acquired 4 Gross sales price and expense of sale 6 Depreciation allowed (or allowable) since acquisition.

Were you and all of your dependts covered by health insurance for all 12 months of 2016? Yes No

If not, please indicate who was NOT covered and which months they lacked coverage:

Estimated Tax Paid for the year 2016 Tax Year.

	Federal		State	
	Date	Amount	Date	Amount
1st Quarter	_____	_____	_____	_____
2nd Quarter	_____	_____	_____	_____
3rd Quarter	_____	_____	_____	_____
4th Quarter	_____	_____	_____	_____
TOTAL		_____		_____

Other Deductibles and/or Credits

Traditional IRA	(T) _____	(S) _____
Keogh/SEP Contributions	(T) _____	(S) _____
Student Loan Interest Paid	(T) _____	(S) _____
Medical Savings Account	(T) _____	(S) _____
Alimony Paid	(T) _____	(S) _____
Adoption Expenses	(T) _____	(S) _____
Tuition Paid for Qualifying Ed Exp	(T) _____	(S) _____
US Savings Bond Interest Exclusion	(T) _____	(S) _____
First Time/Replacement Home Buyer Credit	(T) _____	(S) _____
Energy Efficient Credits	(T) _____	(S) _____
Electric Vehicle Credits	(T) _____	(S) _____

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2016 TAX YEAR

Did you receive other income - Business/Farm/Rental or other income?

* Please bring in details.

ITEMIZED DEDUCTIONS

Medical and Dental Expenses

Medical Insurance _____
Hospital Insurance _____
Medicine and Drugs _____
Dr.'s, Dentist, Nurses _____
Hospitals _____
Lab Fees _____
Ambulance _____
False Teeth _____
Braces _____
Therapy _____
X-rays _____
Eye Glasses _____
Hearing Aids _____
Long Term Care Ins _____
Transportation/Miles _____

TAXES

Real Estate-All _____
County Tax-Auto _____
Sales Tax-New Auto _____
Other _____

CONTRIBUTIONS

Church _____
United Fund _____
Easter Pageant _____
Cancer Fund _____
March of Dimes _____
Salvation Army _____
Estimated Other _____
Other(attach list) _____

Special Indiana Deductions or Credits

Contribution to Indiana Colleges _____
(Show name & dates) _____
Estimated Real Estate Taxes - Residence(only) _____
Rent Paid on Residences _____
Landlords Name/Address _____

Non-Indiana Purchases/Use Tax _____
Insulation Deduction _____
Other _____

Investment Interest Expense

Paid To: _____ For: _____

Casualty Loss

* Bring in Details. Y / N

Moving Expenses

* Bring in Details. Y / N

Interest Paid - Home Mortgage

Paid To: _____ For: _____

Deductible Points _____

CHILD CARE EXPENSES

Paid To: _____ Date: _____
Name, Address & SSN/EIN _____

MISCELLANEOUS DEDUCTIONS

Unreimbursed Business Exp _____
Union Dues _____
Tax Preparation _____
Safe Deposit Box _____
Professional Due _____
Special Uniforms/Laundry _____
Small Tools _____
Education Expenses _____

This sheet is provided as a general reminder of the data required to prepare your tax return. Please call us, if you have any questions.

Personal Tax Organizer (with prior year data) Available upon Request.

- 1) Did you, your spouse, and your dependents have health insurance coverage all 12 months of 2016 (health insurance coverage includes Blue Cross, Kaiser, Tricare, Medicare, Medicaid, etc)?
- 2) if you bought insurance from the marketplace, we must report and reconcile the premium tax credit on your tax return. Please bring the Form 1095-A that the marketplace sent you .
- 3) If your insurance company or employer sent you a Form 1095-B or Form 1095-C, bring the forms in with your information.
- 4) We must report on your tax return and calculate a penalty, if you, your spouse, or any of your dependents did not have insurance for any full month in 2016. If you did not have insurance for each month of 2016, please provide details of insurance coverage for each family member by month. (If you believe you qualify for an exemption to the penalty, please let us know. Exceptions to the health insurance requirement are explained at www.healthcare.gov/exemptions or call us for more information).