



Dear Client:

Enclosed is your tax organizer to use in gathering the information necessary to prepare your 2016 income tax returns.

**Organizer**

Your income tax returns are prepared from information you furnish to us; therefore, we encourage you to complete the organizer as best you can. We may follow up with you to clarify the information or request additional documentation. We assume the information is accurate and we do not audit or independently verify the data submitted.

The questions in the beginning of the organizer identify any changes in your personal situation and any related tax impact. Select information from your 2015 return is preprinted in the far right column for your reference and comparison purposes only.

**Timing**

**It is very important that we receive your information as early as possible.** Early receipt of your data will help us serve you in an efficient manner. The filing deadline this year is April 18, 2017. **If all the necessary information has not been received by March 22, 2017, a request for an extension of time may be needed to complete your income tax returns.**

If an extension of time is required to file your returns, any tax that may be due with the returns must be paid with the extension. Any tax owed that is not paid by the original filing deadline is subject to interest and late payment penalties based on when the tax is actually paid.

**Documents**

The IRS continues to match information returns with amounts reported on tax returns. To ensure accuracy, please include all original tax documents and forms such as W2s, 1099s and closing statements with your organizer as well as any tax notices received during the year.

**Updated Information**

In the organizer, be sure to review and update if necessary your contact information in the Attention Requested and Client Information sections. If applicable, your tax refund can be directly deposited to your bank account. Please review and update your bank account information listed in the Direct Deposit/Electronic Payment section.

We look forward to working with you and we value your continued loyalty and trust. As always, please contact us if you have any questions completing the organizer or wish to discuss any other tax or accounting matter.

Very truly yours,

Porter & Sack, CPAs, S.C.

**Porter & Sack**, CPAs, S.C.

6515 Watts Road, Suite 200  
Madison, WI 53719

608-233-8333 Phone  
www.pscpas.com

Dear Client:

We are pleased to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the tax services we will provide. By sending us the information for the preparation of your tax returns, you and all parties referenced in this letter will agree to the terms of our engagement. If you have any questions concerning this letter, terms, conditions or limitations, please contact us.

We will prepare your 2016 federal and any required resident state individual income tax return that we prepared for you last year. You are responsible for informing us if you have a tax filing obligation in another state(s)/city. If so, please complete the Schedule of Additional Tax Returns below. All returns will be prepared from the information you provide. If based on this information we believe you have a filing obligation in any other state(s)/city, we will contact you for approval to prepare such tax return(s).

This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter. Tax return preparation services do not constitute accounting or auditing services and are not designed to disclose or detect defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns; therefore, you should review them carefully before you sign them.

Attached is a tax organizer requesting specific information. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of, or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify or audit the information you give us; however, we may ask for additional clarification on some information.

Applicable laws and professional standards require us to apply certain review procedures in preparing your tax returns. We need adequate time to perform these procedures; therefore, we request receipt of your complete information at least 3 weeks prior to the due date. If you are unable to comply with this request, it may be necessary to request an extension of time to file. We do not file extensions automatically. If you want us to request an extension, you must notify us in writing no later than April 11, 2017. If an extension of time is required to file your returns, any tax that may be due with the returns must be paid with the extension. Any tax owed that is not paid by the original filing deadline is subject to interest and late payment penalties based on when the tax is actually paid

You should also know that IRS audit procedures will almost always include questions on bartering transactions, deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

If, during our work, we discover information that affects prior year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior year returns. If at any time you become aware of such information, please contact us to discuss the best resolution. We will be happy to prepare appropriate amended returns as a separate engagement.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement. We also have the right to withdraw from this engagement, in our discretion, if you don't provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests or misrepresent any facts. Our engagement with you will terminate upon our withdrawal and you agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

Federal tax law requires us to retain copies of tax returns we prepare and certain other documents related to our tax services for varying time periods. However, we do not retain any of your original records so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. Our current policy (which we may revise at any time and in our sole discretion) is to retain copies of tax returns and certain related workpapers for ten years after the return is filed, subject to casualties beyond our control. We will provide you with a file copy of each federal and state income tax return for which we are a signed preparer.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over the information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

During the preparation of your tax returns or in response to your request(s), we may provide you with tax advice concerning matters that are not the subject of this engagement letter. This tax advice and communication is beyond the scope of tax return preparation and is not included in the fees for tax return preparation. The fees for this advice will be based on the terms below.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside advisor's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

Your returns may be selected for examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return(s).

Our fees for this tax services engagement will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement involved, degree of responsibility assumed and skills required, plus expenses, including internal and administrative charges. Such charges will be based upon several factors including the complexity of the issues involved, the nature of services to be provided, the work product to be completed and the experience level of the individuals that will be assigned to the engagement as well as the availability and completeness of your records. All invoices are due and payable upon receipt.

If the above terms and conditions are in accordance with your understanding and are acceptable to you, our preparation of your individual tax returns will constitute your acceptance of the terms and conditions outlined above whether or not you file the returns we prepare and deliver to you. We want to express our appreciation for this opportunity to work with you.

Porter & Sack, CPAs, S.C.

**Schedule of Additional Tax Returns**

**Taxpayer (self, child, parent, business entity, etc)**

**Additional Returns (state, gift, 1099 Misc, etc)**

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**ATTENTION REQUESTED**

Please provide us with your preferred e-mail address that we should use for email communications. We will password protect e-mails containing sensitive data.

If there are circumstances in which you do not want us to provide information via e-mail, please let us know. If you have any questions about this request for information, please contact us.

PREFERRED E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

ADDITIONAL E MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**Porter & Sack, CPAs, S.C.**  
 6515 Watts Road, Suite 200  
 Madison, WI 53719-2726  
 Telephone number: (608) 233-8333  
 Fax number: (608) 238-4161  
 E-mail address: mkrebsbach@pscpas.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2016 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table).....		<p style="text-align: center;"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse.....		
	Year spouse died, if qualifying widow(er) (2014 or 2015).....		
Taxpayer	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Spouse	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Address	In care of.....		
	Street address.....		
	Apartment number.....		
	City.....		
	State.....		
	ZIP code.....		
Foreign Address	Region.....		
	Postal code.....		
	Country.....		

Please add, change or delete information for 2016.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone.....		<p><b>Daytime Phone</b></p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Expiration date (m/d/y).....		
	Issue date (m/d/y).....		
Spouse Authentication	Theft protection PIN.....		
	Driver's license no.....		
	Driver's license state.....		
	Expiration date (m/d/y).....		
	Issue date (m/d/y).....		
	Theft protection PIN.....		

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Dependents

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Please add, change or delete information for 2016.

DEPENDENTS

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Date of death .....		
Date of adoption .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		
	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Date of death .....		
Date of adoption .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		
	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Date of death .....		
Date of adoption .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		
	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Date of death .....		
Date of adoption .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

Type of Dependent

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled
- 4 = Force
- 5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

- 1. School records or statement
- 2. Landlord or property management statement
- 3. Health care provider statement
- 4. Medical records
- 5. Child care provider records
- 6. Placement agency statement
- 7. Social service records or statement
- 8. Place of worship statement
- 9. Indian tribe office statement
- 10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

- 1. Doctor statement
- 2. Other health care provider statement
- 3. Social services agency or program statement

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**Miscellaneous Questions****PERSONAL INFORMATION**Yes  
No  

Did your marital status change during the year?

Did your address change during the year? If so, please adjust input page.

Could you or your spouse be claimed as a dependent on another person's tax return for 2016?

**DEPENDENTS**

Were there changes in individuals living in your home in 2016?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2016?

Did your children age 18 or under, or your full-time college student children age 23 or under, as of December 31, 2016 have investment income, stock or mutual fund sales in 2016 in excess of \$1,050? If yes, please provide details and tax documents related to all your children's 2016 income.

**INCOME**

Did you receive unreported tip income in 2016?

Did you cash Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse or your dependents in 2016?

Did you receive disability income or unemployment compensation in 2016? If yes, please circle applicable income and provide details.

Did you have foreign income or pay foreign taxes in 2016?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, online gambling account, or other financial account in 2016? If yes, you may have additional reporting requirements on your foreign accounts. Please indicate in the Schedule of Additional Tax Returns located in the attached Engagement Letter if you need assistance completing these additional forms.

**PURCHASES, SALES AND DEBT**

Did you start a business or farm, purchase rental or royalty property or acquire an interest in a partnership, S corporation, trust or REMIC in 2016?

Did you purchase or dispose of business assets such as furniture, equipment, vehicles, real estate or convert personal assets to business use in 2016?

Did you buy or sell stocks, bonds or other investment property in 2016? If so, complete the Capital Gains &amp; Losses section.

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**Miscellaneous Questions**

Yes

No

Did you have debts canceled or forgiven in 2016? If yes, please provide relevant details & related Form(s) 1099-C.

Did anyone owe you money which became uncollectible in 2016? If yes, please provide relevant detail.

Did you purchase, sell or refinance your principal home or second home or obtain a home equity loan in 2016? If yes, please provide relevant details.

**ENERGY-EFFICIENT PURCHASES**

Have you claimed residential energy credits in prior years for \$500 or more?

If you answered YES to the above question, please skip remaining question below and proceed to the retirement plans information.

If you answered NO to the above question, did you purchase any manufactured certified energy-efficient products for your personal residence in 2016?

Example products include: exterior and storm windows, skylights, exterior and storm doors, HVAC, water heaters, insulation, metal and asphalt roofs and biomass stoves. If yes, please include copy of invoices.

Energy-Efficient Product(s) \_\_\_\_\_

Date installed \_\_\_\_\_

**RETIREMENT PLANS**

Did you receive a distribution from a retirement plan - 401(k), IRA, ROTH, SEP, SIMPLE, other Qualified Plan in 2016? If yes, complete the pension/distribution section in this organizer.

Did you make a contribution to a retirement plan, NOT already reported on your Form W-2, 401(k), IRA, ROTH, SEP, SIMPLE, or other Qualified Plan in 2016? If yes, provide details and complete the adjustments to income section in this organizer.

Did you transfer or rollover an amount from one retirement plan to another retirement plan in 2016? If yes, provide details.

Did you convert part or all of your traditional, SEP or SIMPLE IRA or qualified plan including 401(k) and 403(b) plans to a ROTH IRA in 2016? If yes, provide details.

Did you receive retirement distributions or acquire an interest in a retirement plan due to a death in 2016? If yes, complete the pension/distribution section in this organizer.

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## Miscellaneous Questions

**HEALTH CARE COVERAGE**Yes  
No  

Did you, your spouse and your dependents have health care coverage for all of 2016? If no, please provide details on which months in 2016 you, your spouse or your dependents did not have health care coverage by completing the Health Coverage Form section in this organizer.

Did you receive any of the following IRS Documents: Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.

If you, your spouse, or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

Did you receive a federal health insurance premium assistance credit or subsidy through the insurance marketplace in 2016? If yes, please provide the amount of the credit or subsidy received in 2016 \$ \_\_\_\_\_ and attach details and tax documents related to all your dependent(s) 2016 income.

Wisconsin Resident Only - Did you or your spouse's employer pay for all or a portion of your premiums for medical care insurance, dental insurance and catastrophic health insurance for you, your spouse or your family in 2016?

Wisconsin Resident Only - If you answered YES to the above question did your employer offer a pretax plan in which you participated in 2016 making your portion of the medical insurance premiums paid not subject to income tax during the year?

Wisconsin Resident Only - Did you or your spouse pay personally (not through an employer) all or a portion of your premiums for medical care insurance, dental insurance and catastrophic health insurance for you, your spouse or your family in 2016? If paid personally and not through an employer, please provide total premiums for medical care insurance, dental insurance and catastrophic health insurance for you, your spouse or your family in 2016 \$ \_\_\_\_\_.

**HSA, LONG-TERM CARE AND LIFE INSURANCE PLANS**

Did you, your spouse or your employer contribute to a health savings account (HSA) on your behalf in 2016? (Do not include health flex spending plans here.) If yes, how much? Employee portion \$ \_\_\_\_\_ Employer portion \$ \_\_\_\_\_ Is it a family coverage plan or individual plan? (Circle one)

Did you receive health savings account (HSA) distributions in 2016 (Do not include health flex spending plans here.)? If yes, how much \$ \_\_\_\_\_? Please let us know if any 2016 HSA distributions were NOT for qualified medical expenses.

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Yes

No

Did you pay long term health care (LTC, elder care) insurance premiums in 2016? Amount paid on behalf of:

Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Did you receive payments under a long-term care (LTC, elder care) insurance contract or receive accelerated death benefits from a life insurance policy in 2016? Amount Received: \$ \_\_\_\_\_ Please include Form 1099-LTC.

**ITEMIZED DEDUCTIONS**

Did you incur a loss in excess of insurance proceeds received because of damaged or stolen property in 2016? If yes, please provide relevant details.

Did you work out of town for part of the year and incur unreimbursed business expenses in 2016? If yes, please provide relevant details.

Did you use your car on the job (other than commuting to and from work) and NOT get reimbursed for these business expenses in 2016? If yes, please provide relevant details.

**EDUCATION**

Did you or your spouse incur out of pocket classroom expenses working as a teacher, instructor, counselor, principal or aide for grades K-12, spent at least 900 hours as an educator during the school year and did not get reimbursed by your employer for these expenses? If yes, amount of unreimbursed expenses in 2016: \$ \_\_\_\_\_

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program in 2016? If yes, amount received \$ \_\_\_\_\_.

Of the amount received, how much was used for qualified higher education expenses? (Tuition, fees & books for all, room & board for at least half time students in a degree program.) Amount of higher education qualifying expenses \$ \_\_\_\_\_.

Were you or your dependent (age 23 or under on December 31, 2016) enrolled in any college, university or vocational school to acquire or improve job skills?

(- Circle one -)

Student #1 Name \_\_\_\_\_ More than half-time / less than half-time

Student #1 Name of college or university school attended \_\_\_\_\_

Student #1 Tuition Paid \$ \_\_\_\_\_ (Include Form 1098-T)

Student #1 Amount paid for books, fees & supplies \$ \_\_\_\_\_

Did Student #1 complete the 4th year of college by January 1, 2016? Yes / No

(- Circle one -)

Student #2 Name \_\_\_\_\_ More than half-time / less than half-time

Student #2 Name of college or university school attended \_\_\_\_\_

Student #2 Tuition Paid \$ \_\_\_\_\_ (Include Form 1098-T)

Student #2 Amount paid for books, fees & supplies \$ \_\_\_\_\_

Did Student #2 complete the 4th year of college by January 1, 2016? Yes / No

**ESTIMATED TAXES**

Yes

No

If you have an overpayment of 2016 taxes, do you want the excess applied to your 2017 estimated tax instead of being refunded?

Did your bank account information change within the last twelve months. If yes and you would like direct deposit of your tax refunds, please provide bank name, type of account, account number and routing number in the Direct Deposit & Estimates section of this organizer.

Do you expect your 2017 taxable income and withholdings to be generally the same as 2016? If different, complete the estimated tax section in this organizer detailing your reasons why.

**MISCELLANEOUS**

Do you want to allocate \$3 to the Presidential Election Campaign Fund?  
Taxpayer: Yes / No Spouse: Yes / No (Circle all applicable)

May the IRS discuss this return with the preparer?

Was your home rented out or used for business in 2016?

Did you incur moving expenses due to a change of employment in 2016?

Did you engage the services of any household employees in 2016?

Were you notified or audited by either the IRS or a state taxing agency?

Did you or your spouse make gifts to one individual that totaled more than \$14,000 (\$28,000 for married couples) or gifts to a trust in 2016? If yes, please provide relevant details.

**WISCONSIN INFORMATION**

Did you pay rent on your home or apartment in 2016?

Amount \$ \_\_\_\_\_

Was your heat included in your rent? Yes / No Please circle one.

Do you wish to make a donation on your Wisconsin income tax return to the:  
Note: donations will decrease WI refund or increase WI amount due.

Endangered Resources	\$ _____	Military Family Relief	\$ _____
Cancer Research	\$ _____	Second Harvest/Feeding America	\$ _____
Veterans Trust Fund	\$ _____	Red Cross WI Disaster Relief	\$ _____
Multiple Sclerosis	\$ _____	Special Olympics Wisconsin	\$ _____

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Miscellaneous Questions

**WISCONSIN INFORMATION - CONTINUED**Yes  
No  

Did you contribute to a Wisconsin EDVEST or Tomorrow Scholars' education savings account for 2016 for a child, grandchild, niece or nephew or authorized beneficiary?

Total 2016 contributions given for Student #1: \$ \_\_\_\_\_

Student #1 Name \_\_\_\_\_

Account Owner \_\_\_\_\_

Total 2016 contributions given for Student #2: \$ \_\_\_\_\_

Student #2 Name \_\_\_\_\_

Account Owner \_\_\_\_\_

Total 2016 contributions given for Student #3: \$ \_\_\_\_\_

Student #3 Name \_\_\_\_\_

Account Owner \_\_\_\_\_

Did you pay private school tuition for your elementary or secondary school age dependent to an eligible institution in 2016?

Total 2016 tuition and mandatory books paid for Student #1: \$ \_\_\_\_\_

Student #1 Name \_\_\_\_\_

Student #1 Grade on 1/1/2016 \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School FEIN \_\_\_\_\_

Total 2016 tuition and mandatory books paid for Student #2: \$ \_\_\_\_\_

Student #2 Name \_\_\_\_\_

Student #2 Grade on 1/1/2016 \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School FEIN \_\_\_\_\_

Did you or your spouse purchase tangible personal property in 2016 from an out-of-state seller on which no sales tax was charged and the property is stored, used or consumed in Wisconsin? Examples of out of state purchases include Internet, mail order and foreign travel declaration purchases.

If yes, WI sales tax is due on these purchases.

Amount of 2016 purchases subject to WI sales tax: \$ \_\_\_\_\_

If you check no, you are certifying to the Wisconsin Department of Revenue that WI sales tax is not due on any 2016 purchases. Please note this certification will be indicated as such on your 2016 Wisconsin return.

If this question is not completed, we will assume you do not owe use tax on 2016 purchases and will check the box on the Wisconsin tax return certifying that no use tax is due.

Please enter all pertinent 2016 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account.....		
1=electronic payment of balance due.....		
1=electronic payment of estimated tax.....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2016 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment.....				
2nd quarter payment.....				
3rd quarter payment.....				
4th quarter payment.....				
Additional Estimated Tax Payments				
Paid with extension.....				
Former spouse SSN if joint estimates.....				

**State**

	Amount Paid	Date Paid	TS	2016 Voucher Amount
Overpayment applied from 2015.....				
1st quarter payment.....				
2nd quarter payment.....				
3rd quarter payment.....				
4th quarter payment.....				
Additional Estimated Tax Payments				
Paid with extension.....				

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)  
2 = Taxpayer's IRA (next year limits)  
3 = Spouse's IRA (next year limits)  
4 = Health savings account (HSA)  
5 = Archer MSA  
6 = Coverdell savings account (ESA)  
7 = Other  
8 = Taxpayer's IRA (current year limits)  
9 = Spouse's IRA (current year limits)

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2016 information.

**APPLICATION OF 2016 OVERPAYMENT (7.1)**

If you have an overpayment of 2016 taxes, do you want the excess refunded?  or applied to 2017 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2017 ESTIMATED TAX INFORMATION**

Do you expect your 2017 taxable income to be different from 2016? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2017 withholding to be different from 2016? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1



<b>2016</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2016 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2015 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2			Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/16	2015 Distribution
		Distribution code #1					Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE								
		1=spouse								

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2015 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

Total gambling losses .....	2016 Amount	TS	2015 Amount	
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**

