

## Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

In care of addressee \_\_\_\_\_

Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

Dependent Codes	
*Basic	**Other
1 = Child who lived with you	1 = Student (Age 19 - 23)
2 = Child who did not live with you due to divorce/separation	2 = Disabled dependent
3 = Other dependent	3 = Dependent who is both a student and disabled
5 = Qualifying child for Earned Income Credit only	
6 = Children who lived with you, but do not qualify for Earned Income Credit	
7 = Children who lived with you, but do not qualify for Child Tax Credit	
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	
***Months	77 = Reported on odd year return
	88 = Reported on even year return
	99 = Not reported on return

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

Taxpayer email address

Spouse email address

Taxpayer

Spouse

Fax telephone number

Mobile telephone number

Mobile telephone #2 number

Pager number

Other:

Telephone number

Extension

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_  
 Owner's name (First Last) \_\_\_\_\_  
 Co-owner or beneficiary (First Last) \_\_\_\_\_  
 Mark if the name listed above is a beneficiary \_\_\_\_\_

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_  
 Owner's name (First Last) \_\_\_\_\_  
 Co-owner or beneficiary (First Last) \_\_\_\_\_  
 Mark if the name listed above is a beneficiary \_\_\_\_\_

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year \_\_\_\_\_  
 Foreign address to use for refund check, if different than mailing address entered on Screen 1040:  
 Foreign address \_\_\_\_\_  
 Foreign city \_\_\_\_\_  
 Foreign country name \_\_\_\_\_  
 Foreign province or county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_  
 Country of permanent residence for tax purposes \_\_\_\_\_  
 Scholarships and fellowship grants received during tax year: \_\_\_\_\_  
 \_\_\_\_\_  
 U.S. real property interests that were disposed at a gain during the tax year \_\_\_\_\_

**Income Not Effectively Connected with a U.S. Trade or Business**

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations: _____	_____	_____	_____
Dividends paid by foreign corporations: _____	_____	_____	_____
Interest received on mortgages: _____	_____	_____	_____
Interest paid by foreign corporations: _____	_____	_____	_____
Other Interest received: _____	_____	_____	_____
Industrial royalties (patents, trademarks, etc.) _____	_____	_____	_____
Motion picture or T.V. copyright royalties _____	_____	_____	_____
Other royalties (copyrights, recording, publishing, etc.) _____	_____	_____	_____
Real property income and natural resources royalties _____	_____	_____	_____
Pensions and annuities: _____	_____	_____	_____
Gambling - Residents of Canada only: Winnings _____ Losses _____	_____	_____	_____
Gambling - Residents of countries other than Canada: _____	_____	_____	_____
Other income: _____	_____	_____	_____

**Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business**

Description of Property	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Control Totals

Have you ever applied to be a green card holder of the United States (Y, N) \_\_\_\_\_

Were you ever a U.S. citizen? (Y, N) \_\_\_\_\_

Were you ever a green card holder of the U.S.? (Y, N) \_\_\_\_\_

If you had a visa on December 31, 2017, enter your visa type \_\_\_\_\_

If you did not have a visa, enter your U.S. immigration status on December 31, 2017 \_\_\_\_\_

Date you first entered U.S. \_\_\_\_\_

If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:  
 Date of visa change \_\_\_\_\_  
 Nature of your visa change \_\_\_\_\_

If you are a resident of Canada or Mexico AND commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico \_\_\_\_\_

List all dates you entered and left the United States during 2017 (NA for residents of Canada or Mexico):

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:  
 2014 \_\_\_\_\_  
 2015 \_\_\_\_\_  
 2016 \_\_\_\_\_

Latest U.S. income tax return you filed prior to 2017:  
 Year filed \_\_\_\_\_  
 Type of return filed \_\_\_\_\_

Did you receive total compensation of \$250,000 or more during 2017 (Y, N) \_\_\_\_\_  
 If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) \_\_\_\_\_  
 If you used an alternative method to determine the source of the compensation, provide details in the space below.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name	Tax Treaty Article	Months Claimed in 2016	Exempt Income in 2017
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2017" column (Y, N) \_\_\_\_\_  
 Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) \_\_\_\_\_

If you paid any amounts related to your 2017 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments \_\_\_\_\_

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_

---

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card)

Identification number

Issue date

Expiration date (mm/dd/yyyy)

Location of issuance (State issued only)

Document number (New York only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card)

Identification number

Issue date

Expiration date (mm/dd/yyyy)

Location of issuance (State issued only)

Document number (New York only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

NOTES/QUESTIONS:



If you have an overpayment of 2017 taxes, do you want the excess:

Refunded \_\_\_\_\_

Applied to 2018 estimated tax liability \_\_\_\_\_

Do you expect a considerable change in your 2018 income? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you expect a considerable change in your deductions for 2018? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you expect a considerable change in the amount of your 2018 withholding? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you expect a change in the number of dependents claimed for 2018? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates \_\_\_\_\_

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/17	_____	_____	_____	_____
2nd quarter payment	6/15/17	_____	_____	_____	_____
3rd quarter payment	9/15/17	_____	_____	_____	_____
4th quarter payment	1/16/18	_____	_____	_____	_____
Additional payment		_____	_____	_____	_____

\*Method of payment indicated in prior year  
 EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System  
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
State postal code \_\_\_\_\_

Amount paid with 2016 return \_\_\_\_\_  
2016 overpayment applied to '17 estimates \_\_\_\_\_  
Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	_____	_____
2nd quarter payment	_____	_____	_____
3rd quarter payment	_____	_____	_____
4th quarter payment	_____	_____	_____
Additional payment	_____	_____	_____

2017 City Estimated Tax Payments

City #1  
City name \_\_\_\_\_  
Amount paid with 2016 return \_\_\_\_\_  
2016 overpayment applied to '17 estimates \_\_\_\_\_  
Treat calculated amounts as paid \_\_\_\_\_

City #2  
City name \_\_\_\_\_  
Amount paid with 2016 return \_\_\_\_\_  
2016 overpayment applied to '17 estimates \_\_\_\_\_  
Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3  
City name \_\_\_\_\_  
Amount paid with 2016 return \_\_\_\_\_  
2016 overpayment applied to '17 estimates \_\_\_\_\_  
Treat calculated amounts as paid \_\_\_\_\_

City #4  
City name \_\_\_\_\_  
Amount paid with 2016 return \_\_\_\_\_  
2016 overpayment applied to '17 estimates \_\_\_\_\_  
Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____





### Wages and Salaries #1

Please provide all copies of Form W-2.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Employer name \_\_\_\_\_

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_

Mark if this is your current employer \_\_\_\_\_

Federal wages and salaries (Box 1) \_\_\_\_\_

Federal tax withheld (Box 2) \_\_\_\_\_

Social security wages (Box 3) (If different than federal wages) \_\_\_\_\_

Social security tax withheld (Box 4) \_\_\_\_\_

Medicare wages (Box 5) (If different than federal wages) \_\_\_\_\_

Medicare tax withheld (Box 6) \_\_\_\_\_

SS tips (Box 7) \_\_\_\_\_

Allocated tips (Box 8) \_\_\_\_\_

Dependent care benefits (Box 10) \_\_\_\_\_

Box 13 - \_\_\_\_\_

- Statutory employee \_\_\_\_\_
- Retirement plan \_\_\_\_\_
- Third-party sick pay \_\_\_\_\_

State postal code (Box 15) \_\_\_\_\_

State wages (Box 16) (If different than federal wages) \_\_\_\_\_

State tax withheld (Box 17) \_\_\_\_\_

Local wages (Box 18) \_\_\_\_\_

Local tax withheld (Box 19) \_\_\_\_\_

Name of locality (Box 20) \_\_\_\_\_


Control Totals

### Wages and Salaries #2

Please provide all copies of Form W-2.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Employer name \_\_\_\_\_

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_

Mark if this your current employer \_\_\_\_\_

Federal wages and salaries (Box 1) \_\_\_\_\_

Federal tax withheld (Box 2) \_\_\_\_\_

Social security wages (Box 3) (If different than federal wages) \_\_\_\_\_

Social security tax withheld (Box 4) \_\_\_\_\_

Medicare wages (Box 5) (If different than federal wages) \_\_\_\_\_

Medicare tax withheld (Box 6) \_\_\_\_\_

SS tips (Box 7) \_\_\_\_\_

Allocated tips (Box 8) \_\_\_\_\_

Dependent care benefits (Box 10) \_\_\_\_\_

Box 13 - \_\_\_\_\_

- Statutory employee \_\_\_\_\_
- Retirement plan \_\_\_\_\_
- Third-party sick pay \_\_\_\_\_

State postal code (Box 15) \_\_\_\_\_

State wages (Box 16) (If different than federal wages) \_\_\_\_\_

State tax withheld (Box 17) \_\_\_\_\_

Local wages (Box 18) \_\_\_\_\_

Local tax withheld (Box 19) \_\_\_\_\_

Name of locality (Box 20) \_\_\_\_\_


Control Totals

## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts						
	2	Payer						
		Amounts						
	3	Payer						
		Amounts						
	4	Payer						
		Amounts						
	5	Payer						
		Amounts						
	6	Payer						
		Amounts						
	7	Payer						
		Amounts						
	8	Payer						
		Amounts						
	9	Payer						
		Amounts						
	10	Payer						
		Amounts						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts											
2	Payer											
	Amounts											
3	Payer											
	Amounts											
4	Payer											
	Amounts											
5	Payer											
	Amounts											
6	Payer											
	Amounts											
7	Payer											
	Amounts											
8	Payer											
	Amounts											
9	Payer											
	Amounts											
10	Payer											
	Amounts											

**Dividend Codes
Blank = Other                      3 = Nominee

### Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

2017 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

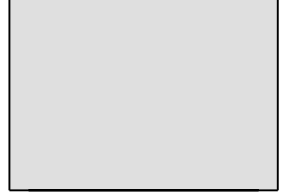
Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2017 \_\_\_\_\_



Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

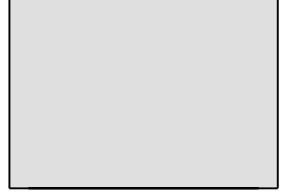
Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2017 \_\_\_\_\_



Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2017 \_\_\_\_\_



Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2017 \_\_\_\_\_



Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

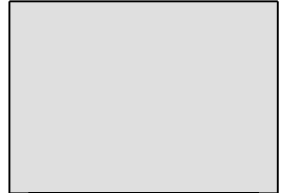
Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2017 \_\_\_\_\_



Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2017 \_\_\_\_\_



Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

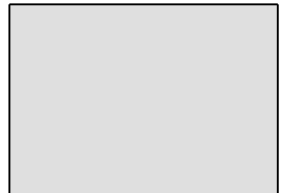
Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2017 \_\_\_\_\_



Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Payer's name \_\_\_\_\_

Payer's street address \_\_\_\_\_

Payer's city, state, zip code \_\_\_\_\_

Payer's social security number \_\_\_\_\_

Interest income amount received in 2017 \_\_\_\_\_





Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J)

Name of activity

Employer identification number

State postal code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J)

Name of activity

Employer identification number

State postal code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NOTES/QUESTIONS:





### Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

<input type="checkbox"/>	Preparer use only		Employer identification number	
	T/S/J	—	Margin interest	
	Broker Name	_____	Investment management/advisory fees	_____
	Account number	_____		_____

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1 Payer							
	Amounts							
	2 Payer							
	Amounts							
	3 Payer							
	Amounts							
	4 Payer							
	Amounts							
	5 Payer							
	Amounts							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
	1 Payer											
	Amounts											
	2 Payer											
	Amounts											
	3 Payer											
	Amounts											
	4 Payer											
	Amounts											
	5 Payer											
	Amounts											

#### Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback
_____	_____	_____	_____

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	
Unemployment compensation	_____	_____	
Unemployment compensation federal withholding	_____	_____	
Unemployment compensation state withholding	_____	_____	
Unemployment compensation repaid	_____	_____	
Alaska Permanent Fund dividends	_____	_____	_____

T/S/J	Self-Employment Income? (Y, N)	2017 Information		Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	_____	_____	_____
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
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—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Rents (Box 1) \_\_\_\_\_

Royalties (Box 2) \_\_\_\_\_

Other income (Box 3) \_\_\_\_\_

Federal income tax withheld (Box 4) \_\_\_\_\_

Fishing boat proceeds (Box 5) \_\_\_\_\_

Medical and health care payments (Box 6) \_\_\_\_\_

Nonemployee compensation (Box 7) \_\_\_\_\_

Substitute payments in lieu of dividends or interest (Box 8) \_\_\_\_\_

Payer made direct sales of \$5,000 or more of consumer products (Box 9) \_\_\_\_\_

Crop Insurance proceeds (Box 10) \_\_\_\_\_

Excess golden parachute payments (Box 13) \_\_\_\_\_

Gross proceeds paid to an attorney (Box 14) \_\_\_\_\_

Section 409A deferrals (Box 15a) \_\_\_\_\_

Section 409A income (Box 15b) \_\_\_\_\_

State tax withheld (Box 16) \_\_\_\_\_

State/Payer's state no. (Box 17) \_\_\_\_\_

State income (Box 18) \_\_\_\_\_

Control Totals

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Rents (Box 1) \_\_\_\_\_

Royalties (Box 2) \_\_\_\_\_

Other income (Box 3) \_\_\_\_\_

Federal income tax withheld (Box 4) \_\_\_\_\_

Fishing boat proceeds (Box 5) \_\_\_\_\_

Medical and health care payments (Box 6) \_\_\_\_\_

Nonemployee compensation (Box 7) \_\_\_\_\_

Substitute payments in lieu of dividends or interest (Box 8) \_\_\_\_\_

Payer made direct sales of \$5,000 or more of consumer products (Box 9) \_\_\_\_\_

Crop Insurance proceeds (Box 10) \_\_\_\_\_

Excess golden parachute payments (Box 13) \_\_\_\_\_

Gross proceeds paid to an attorney (Box 14) \_\_\_\_\_

Section 409A deferrals (Box 15a) \_\_\_\_\_

Section 409A income (Box 15b) \_\_\_\_\_

State tax withheld (Box 16) \_\_\_\_\_

State/Payer's state no. (Box 17) \_\_\_\_\_

State income (Box 18) \_\_\_\_\_

Control Totals

NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

Preparer use only

Name of payer \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Patron dividends (Box 1) \_\_\_\_\_

Nonpatronage distributions (Box 2) \_\_\_\_\_

Per-unit retain allocations (Box 3) \_\_\_\_\_

Federal income tax withheld (Box 4) \_\_\_\_\_

Redemption of nonqualified notices and retain allocations (Box 5) \_\_\_\_\_

Domestic production activities deductions (Box 6) \_\_\_\_\_

Investment credit (Box 7) \_\_\_\_\_

Work opportunity credit (Box 8) \_\_\_\_\_

Patron's AMT adjustments (Box 9) \_\_\_\_\_

Other credits and deductions #1 (Box 10) \_\_\_\_\_

Other credits and deductions #2 (Box 10) \_\_\_\_\_

Control Totals

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Patron dividends (Box 1) \_\_\_\_\_

Nonpatronage distributions (Box 2) \_\_\_\_\_

Per-unit retain allocations (Box 3) \_\_\_\_\_

Federal income tax withheld (Box 4) \_\_\_\_\_

Redemption of nonqualified notices and retain allocations (Box 5) \_\_\_\_\_

Domestic production activities deductions (Box 6) \_\_\_\_\_

Investment credit (Box 7) \_\_\_\_\_

Work opportunity credit (Box 8) \_\_\_\_\_

Patron's AMT adjustments (Box 9) \_\_\_\_\_

Other credits and deductions #1 (Box 10) \_\_\_\_\_

Other credits and deductions #2 (Box 10) \_\_\_\_\_

Control Totals

NOTES/QUESTIONS:

### Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Name of creditor/lender \_\_\_\_\_

#### Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) \_\_\_\_\_

Amount of debt discharged (Box 2) \_\_\_\_\_

Interest if included in box 2 (Box 3) \_\_\_\_\_

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) \_\_\_\_\_

Fair market value of property (Box 7) \_\_\_\_\_

#### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_

Balance of principal outstanding (Box 2) \_\_\_\_\_

Fair market value of property (Box 4) \_\_\_\_\_

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_

Control Totals

### Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Name of creditor \_\_\_\_\_

#### Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) \_\_\_\_\_

Amount of debt discharged (Box 2) \_\_\_\_\_

Interest if included in box 2 (Box 3) \_\_\_\_\_

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) \_\_\_\_\_

Fair market value of property (Box 7) \_\_\_\_\_

#### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_

Balance of principal outstanding (Box 2) \_\_\_\_\_

Fair market value of property (Box 4) \_\_\_\_\_

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_

Control Totals

NOTES/QUESTIONS:



### Gambling Winnings #1

Please provide all copies of Form W-2G.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Payer name \_\_\_\_\_

State postal code \_\_\_\_\_

Mark if professional gambler \_\_\_\_\_

Reportable winnings (Box 1) \_\_\_\_\_

Date won (Box 2) \_\_\_\_\_

Type of wager (Box 3) \_\_\_\_\_

Federal withholding (Box 4) \_\_\_\_\_

Transaction (Box 5) \_\_\_\_\_

Race (Box 6) \_\_\_\_\_

Identical wager winnings (Box 7) \_\_\_\_\_

Cashier (Box 8) \_\_\_\_\_

Taxpayer identification number (Box 9) \_\_\_\_\_

Window (Box 10) \_\_\_\_\_

First ID (Box 11) \_\_\_\_\_

Second ID (Box 12) \_\_\_\_\_

Payer's state ID no. (Box 13) \_\_\_\_\_

State winnings (Box 14) \_\_\_\_\_

State withholding (Box 15) \_\_\_\_\_

Local winnings (Box 16) \_\_\_\_\_

Local withholding (Box 17) \_\_\_\_\_

Name of locality (Box 18) \_\_\_\_\_

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Control Totals

### Gambling Winnings #2

Please provide all copies of Form W-2G.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Payer name \_\_\_\_\_

State postal code \_\_\_\_\_

Mark if professional gambler \_\_\_\_\_

Reportable winnings (Box 1) \_\_\_\_\_

Date won (Box 2) \_\_\_\_\_

Type of wager (Box 3) \_\_\_\_\_

Federal withholding (Box 4) \_\_\_\_\_

Transaction (Box 5) \_\_\_\_\_

Race (Box 6) \_\_\_\_\_

Identical wager winnings (Box 7) \_\_\_\_\_

Cashier (Box 8) \_\_\_\_\_

Taxpayer identification number (Box 9) \_\_\_\_\_

Window (Box 10) \_\_\_\_\_

First ID (Box 11) \_\_\_\_\_

Second ID (Box 12) \_\_\_\_\_

Payer's state ID no. (Box 13) \_\_\_\_\_

State winnings (Box 14) \_\_\_\_\_

State withholding (Box 15) \_\_\_\_\_

Local winnings (Box 16) \_\_\_\_\_

Local withholding (Box 17) \_\_\_\_\_

Name of locality (Box 18) \_\_\_\_\_

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Control Totals

NOTES/QUESTIONS:

Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	
<b>Control Totals</b>		

<b>Shareholders Undistributed Capital Gain #2</b>
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Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	
<b>Control Totals</b>		

<b>Shareholders Undistributed Capital Gain #3</b>
---

Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	
<b>Control Totals</b>		

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint)

Mark to indicate all the elections that apply:

Mixed straddle election

Mixed straddle account election (Attach explanation)

Straddle-by-straddle identification election

Net section 1256 contracts loss election

Section 1256 Contracts Marked to Market

Identification of Account A

Identification of Account B

Identification of Account C

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	—	—	—
-Loss/Gain for entire year (Enter losses as a negative amount)	—	—	—
Total Form 1099-B adjustment	—	—	—
Total net 1256 contract loss carryback	—	—	—

Gains and Losses From Straddles

Description of Property A

Name of Contract

Component \_\_\_\_\_ Type \_\_\_\_\_

Description of Property B

Name of Contract

Component \_\_\_\_\_ Type \_\_\_\_\_

Description of Property C

Name of Contract

Component \_\_\_\_\_ Type \_\_\_\_\_

Description of Property D

Name of Contract

Component \_\_\_\_\_ Type \_\_\_\_\_

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	—	—	—	—
Date entered into/acquired	—	—	—	—
Date closed out/sold	—	—	—	—
Gross sales price	—	—	—	—
Cost plus expense of sale	—	—	—	—
Unrecognized gain	—	—	—	—

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A

Description of Property B

Description of Property C

	Property A	Property B	Property C
Date acquired	—	—	—
Fair market value on last business day	—	—	—
Cost or other basis as adjusted	—	—	—

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) \_\_\_\_\_  
State \_\_\_\_\_

Foreign Employer Identification (ID) number \_\_\_\_\_  
Foreign Employer Name \_\_\_\_\_  
Foreign Employer Address \_\_\_\_\_  
Foreign street address \_\_\_\_\_  
Foreign city \_\_\_\_\_  
Foreign country code/name \_\_\_\_\_  
Foreign province/county \_\_\_\_\_  
Foreign postal code \_\_\_\_\_  
Name "in care of" \_\_\_\_\_

Employee address, if different from home address on Organizer Form ID: 1040  
Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)  
Street address \_\_\_\_\_  
City, state, zip code \_\_\_\_\_  
Foreign country code/name \_\_\_\_\_  
Foreign province/county \_\_\_\_\_  
Foreign postal code \_\_\_\_\_

Income

	2017 Information	Prior Year Information
Foreign employer compensation	_____	<input type="text"/>

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) \_\_\_\_\_

Taxable amount received (Box 2a) \_\_\_\_\_

Federal withholding (Box 4) \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 12) \_\_\_\_\_

Local withholding (Box 15) \_\_\_\_\_

Amount of rollover \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_


Control Totals

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) \_\_\_\_\_

Taxable amount received (Box 2a) \_\_\_\_\_

Federal withholding (Box 4) \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 12) \_\_\_\_\_

Local withholding (Box 15) \_\_\_\_\_

Amount of rollover \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_


Control Totals

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) \_\_\_\_\_

Taxable amount received (Box 2a) \_\_\_\_\_

Federal withholding (Box 4) \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 12) \_\_\_\_\_

Local withholding (Box 15) \_\_\_\_\_

Amount of rollover \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_


Control Totals

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_

State postal code \_\_\_\_\_

**Social Security Benefits**

	2017 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2017 (Box 3 minus Box 4) (Box 5)	_____	
Voluntary Federal Income Tax Withheld (Box 6)	_____	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____	
Prescription drug (Part D) premiums	_____	

**Tier 1 Railroad Benefits**

	2017 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2017 (Box 5)	_____	
Federal Income Tax Withheld (Box 10)	_____	
Medicare Premium Total (Box 11)	_____	

**Additional Information About Benefits Received**

Additional information about the benefits received not reported above. For example did you repay any benefits in 2017 or receive any prior year benefits in 2017. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

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NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	—	—
Enter the total traditional IRA contributions made for use in 2017	_____	_____
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	_____	_____
Enter the nondeductible contribution amount made in 2018 for use in 2017	_____	_____
Traditional IRA basis	_____	_____
Value of all your traditional IRA's on December 31, 2017:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Roth IRA</b>
-----------------

Please provide copies of any 1998 through 2016 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	—	—
Enter the total Roth IRA contributions made for use in 2017	_____	_____
Enter the total amount of Roth IRA conversion recharacterizations for 2017	_____	_____
Enter the total contribution Roth IRA basis on December 31, 2016	_____	_____
Enter the total Roth IRA contribution recharacterizations for 2017	_____	_____
Enter the Roth conversion IRA basis on December 31, 2016	_____	_____
Value of all your Roth IRA's on December 31, 2017:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name \_\_\_\_\_

Taxpayer/Spouse (T, S) \_\_\_\_\_

State postal code \_\_\_\_\_

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_

Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_

Enter the total amount of contributions made to a Keogh plan in 2017 \_\_\_\_\_

Enter the total amount of contributions made to a Solo 401(k) plan in 2017 \_\_\_\_\_

Enter the total amount of contributions made to a SEP plan in 2017 \_\_\_\_\_

Enter the total amount of contributions made to a SARSEP plan in 2017 \_\_\_\_\_

Enter the total amount of contributions made to a defined benefit plan in 2017 \_\_\_\_\_

Enter the total amount of contributions made to a profit-sharing plan in 2017 \_\_\_\_\_

Enter the total amount of contributions made to a money purchase plan in 2017 \_\_\_\_\_

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2017 \_\_\_\_\_

Enter the total amount of contributions to a SIMPLE IRA plan in 2017 \_\_\_\_\_

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2017 \_\_\_\_\_

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2017 \_\_\_\_\_

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2017 \_\_\_\_\_

Enter the amount of elective deferrals designated as Roth contributions in 2017 \_\_\_\_\_

NOTES/QUESTIONS:



Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation:	_____	
_____	_____	
_____	_____	
Enter an explanation if there was a change in determining your inventory:		
_____		
_____		
Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2017	_____	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	_____	
Long-term care premiums paid by this activity	_____	
Amount of wages received as a statutory employee	_____	

**Business Income**

	2017 Information	Prior Year Information
Gross receipts and sales		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Returns and allowances	_____	
Other income:		
_____	_____	
_____	_____	
_____	_____	

**Cost of Goods Sold**

	2017 Information	Prior Year Information
Beginning inventory	_____	
Purchases	_____	
Labor:		
_____	_____	
_____	_____	
Materials	_____	
Other costs:		
_____	_____	
_____	_____	
_____	_____	
Ending inventory	_____	

Control Totals

Preparer use only  
Principal business or profession

2017 Information

Prior Year Information

Advertising  
Car and truck expenses  
Commissions and fees  
Contract labor  
Depletion  
Depreciation  
Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:  
Mortgage (Paid to banks, etc.)

Other:

Legal and professional services  
Office expense  
Pension and profit sharing:

Rent or lease:  
Vehicles, machinery, and equipment  
Other business property

Repairs and maintenance  
Supplies  
Taxes and licenses:

Travel, meals, and entertainment:  
Travel  
Meals and entertainment  
Meals (Enter 100% subject to DOT 80% limit)

Utilities  
Wages (Less employment credit):

Other expenses:

Preparer use only  
Principal business or profession \_\_\_\_\_

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information	
Description _____			
Taxpayer/Spouse/Joint (T, S, J) _____	State postal code _____		
Physical address: Street _____			
City, state, zip code _____			
Foreign country _____			
Foreign province/county _____			
Foreign postal code _____			
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____			
Description of other type (Type code #8) _____			
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N) _____			
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____			
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____			
Percentage of ownership if not 100% _____			
Business use percentage, if not 100% (Not vacation home percentage) _____			

**Rent and Royalty Income**

Rents and royalties	2017 Information	Prior Year Information
_____	_____	_____
_____	_____	_____

**Rent and Royalty Expenses**

	2017 Information	Percent if not 100%	Prior Year Information
Advertising	_____	_____	_____
Auto	_____	_____	_____
Travel	_____	_____	_____
Cleaning and maintenance	_____	_____	_____
Commissions:			
_____	_____	_____	_____
_____	_____	_____	_____
Insurance:			
_____	_____	_____	_____
_____	_____	_____	_____
Legal and professional fees	_____	_____	_____
Management fees:			
_____	_____	_____	_____
_____	_____	_____	_____
Mortgage interest paid to banks, etc (Form 1098)	_____	_____	_____
_____	_____	_____	_____
Other mortgage interest	_____	_____	_____
Qualified mortgage insurance premiums	_____	_____	_____
Other interest:			
_____	_____	_____	_____
_____	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes:			
_____	_____	_____	_____
_____	_____	_____	_____
Utilities	_____	_____	_____
Depreciation	_____	_____	_____
Depletion	_____	_____	_____
Other expenses:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preparer use only  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2017 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	_____	
Date of refinance	_____	
Total # Payments	_____	
Reported on 1098 in 2017	_____	
Total points paid	_____	
Points deemed as paid in current year (Preparer use only)	_____	_____
Refinancing points paid -		
Recipient's/Lender's name	_____	
Date of refinance	_____	
Total # Payments	_____	
Reported on 1098 in 2017	_____	
Total points paid	_____	
Points deemed as paid in current year (Preparer use only)	_____	_____
Refinancing points paid -		
Recipient's/Lender's name	_____	
Date of refinance	_____	
Total # Payments	_____	
Reported on 1098 in 2017	_____	
Total points paid	_____	
Points deemed as paid in current year (Preparer use only)	_____	_____

**Vacation Home Information**

	2017 Information	Prior Year Information
Number of days home was used personally	_____	_____
Number of days home was rented	_____	_____
Number of day home owned, if not 365	_____	_____
Carryover of disallowed operating expenses into 2017	_____	_____
Carryover of disallowed depreciation expenses into 2017	_____	_____

**Passive and Other Information**

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Comm revitalization		
Section 179		

Please provide all Forms 1099-K

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	_____
Employer identification number	_____	_____
Description	_____	_____
Principal Product	_____	_____
State postal code	_____	_____
Accounting method (1 = Cash, 2 = Accrual)	_____	_____
Agricultural activity code	_____	_____
Did you "materially participate" in this business? (Y, N)	_____	_____
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	_____
Mark if Schedule F net income or loss should be excluded from self-employment income	_____	_____
Medical insurance premiums paid by this activity	_____	_____
Long-term care premiums paid by this activity	_____	_____

Schedule F Income

Sales Code**	Income description	2017 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2017 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	_____	_____
Beginning inventory of livestock and other items (Accrual method)	_____	_____
Accrual cost of livestock, produce, grains, and other products purchased	_____	_____
Ending Inventory of livestock and other items (Accrual method)	_____	_____
Total cooperative distributions you received	_____	_____
Taxable cooperative distributions you received	_____	_____

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	2017 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	_____
Commodity credit loans reported under election:	_____	_____
_____	_____	_____
Total commodity credit loans forfeited	_____	_____
Taxable commodity credit loans forfeited	_____	_____

	2017 Total	2017 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2017	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Mark if electing to defer crop insurance proceeds to 2018	_____	_____	_____
Crop insurance proceeds deferred from 2016	_____	_____	_____

Control Totals

Preparer use only

Description

2017 Information

Prior Year Information

Car and truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Carryover from prior years	_____	_____
Custom hire (machine work)	_____	_____
Depreciation	_____	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	_____	_____
Feed purchased	_____	_____
Fertilizers and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel, and oil	_____	_____
Insurance (Other than health)	_____	_____
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.)	_____	_____
_____	_____	_____
_____	_____	_____
Other interest	_____	_____
Labor hired (Less employment credit)	_____	_____
Pension and profit sharing	_____	_____
Rent - vehicles, machinery, and equipment	_____	_____
Rent - other	_____	_____
Repairs and maintenance	_____	_____
Seed and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies purchased	_____	_____
Taxes:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Veterinary, breeding, and medicine	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	_____	_____

Preparer use only

Description

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		
Excess farm loss		

NOTES/QUESTIONS:



Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Employer identification number	_____	
Description	_____	
State postal code	—	
Did you "actively participate" in the operation of this business this year? (Y, N)	—	

Income Items

	2017 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total cooperative distributions you received	_____	
Taxable cooperative distributions you received	_____	

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments:			
_____	_____	_____	
_____	_____	_____	

	2017 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	_____	
_____	_____	
Total commodity credit loans forfeited	_____	
Taxable commodity credit loans forfeited	_____	

	2017 Total	2017 Taxable	Prior Year Information
Crop insurance proceeds you received in 2017			
_____	_____	_____	
_____	_____	_____	

	2017 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2018	—	—
Crop insurance proceeds deferred from 2016	_____	_____
Other income:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Preparer use only

Description

2017 Information

Prior Year Information

Car and truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Carryover from prior years	_____	_____
Custom hire (machine work)	_____	_____
Depreciation	_____	_____
Employee benefit programs	_____	_____
Feed purchased	_____	_____
Fertilizers and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel, and oil	_____	_____
Insurance (Other than health):	_____	_____
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.):	_____	_____
_____	_____	_____
_____	_____	_____
Other interest	_____	_____
Labor hired (Less employment credit)	_____	_____
Pension and profit sharing	_____	_____
Rent - vehicles, machinery, and equipment	_____	_____
Rent - other	_____	_____
Repairs and maintenance	_____	_____
Seed and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies purchased	_____	_____
Taxes:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Veterinary, breeding, and medicine	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	_____	_____

Preparer use only	_____	_____	_____
Carryovers	_____	_____	_____
Operating	_____	_____	_____
Short-term capital	_____	_____	_____
Long-term capital	_____	_____	_____
28% rate capital	_____	_____	_____
Section 1231 loss	_____	_____	_____
Ordinary business gain/loss	_____	_____	_____
Section 179	_____	_____	_____
Excess farm loss	_____	_____	_____

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Employer identification number \_\_\_\_\_

Name of activity \_\_\_\_\_

State postal code \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Employer identification number \_\_\_\_\_

Name of activity \_\_\_\_\_

State postal code \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Employer identification number \_\_\_\_\_

Name of activity \_\_\_\_\_

State postal code \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Employer identification number \_\_\_\_\_

Name of activity \_\_\_\_\_

State postal code \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Description	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
State postal code	_____
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____
Date former residence was acquired	_____
Date former residence was sold	_____
Selling price of former residence	_____
Expenses related to the sale of your old home	_____
Original cost of home sold including capital improvements	_____

Exclusion Information
-----------------------

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	
	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____	_____
Number of days each person owned property used as main home	_____	_____
Number of days between date of sale of the other home and date of sale of this home	_____	_____

Form 6252 - Current Year Installment Sale
---

Mortgage and other debts the buyer assumed	_____
Total current year payments received	_____

Form 6252 - Related Party Installment Sale Information

Related party name	_____
Address	_____
City, State and Zip	_____
Identifying number of related party	_____
Was the property sold as a marketable security? (Y, N)	_____
Enter date of second sale if more than 2 years after the first sale	_____
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____
Selling price of property sold by a related party	_____

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information
Description _____		
Taxpayer/Spouse/Joint (T, S, J) _____	—	
State postal code _____	—	
Date acquired _____	_____	
Date sold _____	_____	
Gross sales price of property sold _____	_____	_____
Mortgage and other debts the buyer assumed _____	_____	_____
Cost or other basis _____	_____	_____
Commissions and other expenses of the sale _____	_____	_____
Gross profit percentage _____	_____	_____
Total current year principal payments received _____	_____	_____
Prior year principal payments received _____	_____	_____
Total ordinary income to recapture _____	_____	_____
Total ordinary income previously recaptured _____	_____	_____
	<b>Control Totals</b>	

Prior Year Installment Sale

Preparer use only

	2017 Information	Prior Year Information
Description _____		
Taxpayer/Spouse/Joint (T, S, J) _____	—	
State postal code _____	—	
Date acquired _____	_____	
Date sold _____	_____	
Gross sales price of property sold _____	_____	_____
Mortgage and other debts the buyer assumed _____	_____	_____
Cost or other basis _____	_____	_____
Commissions and other expenses of the sale _____	_____	_____
Gross profit percentage _____	_____	_____
Total current year principal payments received _____	_____	_____
Prior year principal payments received _____	_____	_____
Total ordinary income to recapture _____	_____	_____
Total ordinary income previously recaptured _____	_____	_____
	<b>Control Totals</b>	

NOTES/QUESTIONS:

--	--

 Preparer use only

Description \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 \_\_\_\_\_

Mark if disposition is due to casualty or theft \_\_\_\_\_

Mark if disposition was to a related party \_\_\_\_\_

## Sale Information

Date acquired \_\_\_\_\_

Date sold \_\_\_\_\_

Gross sales price or insurance proceeds received \_\_\_\_\_

Cost or other basis \_\_\_\_\_

Commissions and other expenses of sale \_\_\_\_\_

Depreciation allowed or allowable \_\_\_\_\_

## Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) \_\_\_\_\_

Applicable percentage (if not 100%) (Section 1250) \_\_\_\_\_

Additional depreciation after 1969 (Section 1250) \_\_\_\_\_

Soil, water and land clearing expenses (Section 1252) \_\_\_\_\_

Applicable percentage (if not 100%) (Section 1252) \_\_\_\_\_

Intangible drilling and development costs (Section 1254) \_\_\_\_\_

Applicable payments excluded from income under sec. 126 (Section 1255) \_\_\_\_\_

## Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed \_\_\_\_\_

Total current year payments received \_\_\_\_\_

## Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Identifying number of related party \_\_\_\_\_

Was the property sold as a marketable security? (Y, N) \_\_\_\_\_

Enter date of second sale \_\_\_\_\_

Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_

Selling price of property sold by a related party \_\_\_\_\_

NOTES/QUESTIONS:

Preparer use only

Description of property given up \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Description of property received \_\_\_\_\_

Date Information

Date the like-kind property given up was acquired \_\_\_\_\_

Date you transferred your property to the other party \_\_\_\_\_

Date the like-kind property received was identified \_\_\_\_\_

Date you received the like-kind property from the other party \_\_\_\_\_

Gain and Basis Information

Fair market value of other property given up \_\_\_\_\_

Adjusted basis of other property given up \_\_\_\_\_

Cash received \_\_\_\_\_

Fair market value of other (not like-kind) property received \_\_\_\_\_

Installment obligation received in like-kind exchange \_\_\_\_\_

Fair market value of like-kind property you received \_\_\_\_\_

Fair market value of non-section 1245 property you received \_\_\_\_\_

Liabilities, including mortgages, assumed by you \_\_\_\_\_

Cash paid \_\_\_\_\_

Adjusted basis of like-kind property given up \_\_\_\_\_

Adjusted basis of like-kind property from pass through entity \_\_\_\_\_

Cost or other basis \_\_\_\_\_

Depreciation allowed or allowable excluding Section 179 \_\_\_\_\_

Section 179 expense deduction passed through \_\_\_\_\_

Section 179 carryover \_\_\_\_\_

Liabilities, including mortgages, assumed by the other party \_\_\_\_\_

Exchange expenses incurred by you \_\_\_\_\_

Related Party Exchange Information

Name of related party \_\_\_\_\_

Address of related party \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Identifying number of related party \_\_\_\_\_

Relationship to you \_\_\_\_\_

During this tax year, did the related party sell or dispose of the property received? (Y, N) \_\_\_\_\_

During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) \_\_\_\_\_

Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) \_\_\_\_\_

Mark if this exchange is a prior year like-kind exchange \_\_\_\_\_

NOTES/QUESTIONS:



This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2017 Information	Prior Year Information
Asset description	_____	
Asset identifying number or other designation	_____	
Date asset acquired	_____	
Date asset disposed	_____	
Asset jointly owned with spouse	_____	
Maximum value of asset	_____	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_

Foreign entity name \_\_\_\_\_

Foreign entity address \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

Foreign province/county \_\_\_\_\_

Foreign postal code \_\_\_\_\_

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_

Individual or organization name \_\_\_\_\_

Address of issuer or counterparty \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

Foreign province/county \_\_\_\_\_

Foreign postal code \_\_\_\_\_

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_

Individual or organization name \_\_\_\_\_

Address of issuer or counterparty \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

Foreign province/county \_\_\_\_\_

Foreign postal code \_\_\_\_\_

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

	2017 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	
Account number or other designation	_____	
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/county	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	
<small>2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest</small>		

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner \_\_\_\_\_  
 Foreign identification number of account holder/joint owner (If no Taxpayer identification number) \_\_\_\_\_  
 Last name or organization name of account holder/joint owner \_\_\_\_\_  
 First name and middle initial of account holder/joint owner \_\_\_\_\_  
 Address and apartment \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 For addresses in Mexico, enter state \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_  
 Number of joint owners (Not including taxpayer, if applicable) \_\_\_\_\_  
 Filer's title with this owner (if applicable) \_\_\_\_\_

NOTES/QUESTIONS:

Taxpayer/Spouse (T, S)  State postal code \_\_\_\_\_  
 Foreign street address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country code \_\_\_\_\_  
 Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Employer's name \_\_\_\_\_  
 U.S. address \_\_\_\_\_ City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Foreign street address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country code \_\_\_\_\_  
 Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) \_\_\_\_\_ If other, specify type \_\_\_\_\_  
 Country of citizenship \_\_\_\_\_  
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:  
 City/Country \_\_\_\_\_ Days \_\_\_\_\_  
 City/Country \_\_\_\_\_ Days \_\_\_\_\_  
 List tax home(s) during the tax year and dates established:  
 Tax home \_\_\_\_\_ Date \_\_\_\_\_  
 Tax home \_\_\_\_\_ Date \_\_\_\_\_

Foreign Earned Income Allocation Information

\*U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country

U.S. business days and travel information:

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
Foreign days worked before and after foreign assignment _____		Total days worked before and after foreign assignment _____		_____
Total number of days worked during year (defaults to 240)				_____

Bona Fide Residence Test

Date foreign residence began \_\_\_\_\_ Date foreign residence ended \_\_\_\_\_  
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) \_\_\_\_\_  
 If any family members lived abroad with you during any part of tax year, list who and for what period:  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country \_\_\_\_\_  
 Mark if required to pay income tax to that country \_\_\_\_\_  
 List any contractual terms or other conditions relating to length of employment abroad \_\_\_\_\_

Type of visa used to enter foreign country \_\_\_\_\_  
 Explanation if visa limited length of stay or employment \_\_\_\_\_

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Rented  Occupant \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Rented  Occupant \_\_\_\_\_ Relationship \_\_\_\_\_

Physical Presence Test

Principal country of employment \_\_\_\_\_

Employer's name \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Foreign Earned Income**

\*Please use the Foreign Earned Income Allocation Codes located below

	Allocation Code*	Amount
<b>Noncash income:</b>		
Home (lodging) _____	—	_____
Meals _____	—	_____
Car _____	—	_____
Other properties or facilities (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
<b>Allowances, reimbursements or expenses paid on behalf:</b>		
Cost of living and overseas differential	—	_____
Family	—	_____
Education	—	_____
Home leave	—	_____
Quarters	—	_____
Other purposes (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
Other foreign earned income (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
Excludable meals and lodging under section 119		_____

*Foreign Earned Income Allocation Codes
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

**Deductions Allocable to Foreign Earned Income**

	Allocation Code*	Amount
Other allocable deductions	—	_____

**Housing Exclusion/Deduction**

Qualified housing expense \_\_\_\_\_

NOTES/QUESTIONS:

Preparer use only

Description of move \_\_\_\_\_  
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
Mark if the move was due to service in the armed forces \_\_\_\_\_  
Number of miles from old home to new workplace \_\_\_\_\_  
Number of miles from old home to old workplace \_\_\_\_\_  
Mark if move is outside United States or its possessions \_\_\_\_\_  
Transportation and storage expenses \_\_\_\_\_  
Travel and lodging (not including meals) \_\_\_\_\_  
Miles driven to new home \_\_\_\_\_  
Total amount reimbursed for moving expenses \_\_\_\_\_

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2017 Information	Prior Year Information
Address				
Address				
Address				

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
Other adjustments:			

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2017 that were issued after 1989, and you paid qualified higher education expenses in 2017 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

SSN of person enrolled at eligible educational institution \_\_\_\_\_

Name of person enrolled at eligible educational institution (First/Last) \_\_\_\_\_

Name of eligible educational institution \_\_\_\_\_

Address of eligible educational institution \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Qualified higher education expenses you paid in 2017 for person listed above \_\_\_\_\_

Enter any nontaxable educational benefits received for 2017 for person listed above \_\_\_\_\_

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) \_\_\_\_\_

Financial institution name (ESA) or name of program (QTP) \_\_\_\_\_

Financial institution address (ESA) or address of program (QTP) \_\_\_\_\_

City, state and zip code \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

SSN of person enrolled at eligible educational institution \_\_\_\_\_

Name of person enrolled at eligible educational institution (First/Last) \_\_\_\_\_

Name of eligible educational institution \_\_\_\_\_

Address of eligible educational institution \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Qualified higher education expenses you paid in 2017 for person listed above \_\_\_\_\_

Enter any nontaxable educational benefits received for 2017 for person listed above \_\_\_\_\_

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) \_\_\_\_\_

Financial institution name (ESA) or name of program (QTP) \_\_\_\_\_

Financial institution address (ESA) or address of program (QTP) \_\_\_\_\_

City, state and zip code \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

SSN of person enrolled at eligible educational institution \_\_\_\_\_

Name of person enrolled at eligible educational institution (First/Last) \_\_\_\_\_

Name of eligible educational institution \_\_\_\_\_

Address of eligible educational institution \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Qualified higher education expenses you paid in 2017 for person listed above \_\_\_\_\_

Enter any nontaxable educational benefits received for 2017 for person listed above \_\_\_\_\_

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) \_\_\_\_\_

Financial institution name (ESA) or name of program (QTP) \_\_\_\_\_

Financial institution address (ESA) or address of program (QTP) \_\_\_\_\_

City, state and zip code \_\_\_\_\_

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2017 \_\_\_\_\_

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2017. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2017 Interest Paid	Prior Year Information
—	_____	_____	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;">                     _____                      _____                      _____                 </div>
—	_____	_____	
—	_____	_____	
—	_____	_____	

NOTES/QUESTIONS:



## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

### Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number \_\_\_\_\_  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

### Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2017.  
 Enter the amount actually paid during 2017.

	2017 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	_____	_____
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2017 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2018 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2017

NOTES/QUESTIONS:

**Qualified Education Programs**  
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Payer name \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_  
 Final distribution \_\_\_\_\_

**Contributions and Basis**

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_  
 First name \_\_\_\_\_  
 Last name \_\_\_\_\_

	2017 Information	Prior Year Information
Amount contributed in current year	_____	_____ _____ _____
Basis of this account at 12/31/16	_____	
Value of this account at 12/31/17	_____	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	_____	

**Payments from Qualified Education Programs**

	2017 Information	Prior Year Information
Gross distribution (Box 1)	_____	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	_____	
Basis (Box 3)	_____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	_____	
Box 5 -		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Qualified education expenses	_____	
Elementary and secondary education expenses	_____	

NOTES/QUESTIONS:

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the:  Preparer use only

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts \_\_\_\_\_

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence \_\_\_\_\_

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms \_\_\_\_\_

	2016 Information	2017 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____	_____

	2016 Information	2017 Information
Taxable earnings from need-based employment programs	_____	_____

	2016 Information	2017 Information
Student grant and scholarship aid included in adjusted gross income	_____	_____

	2016 Information	2017 Information
Earnings from work under a cooperative education program offered by a college	_____	_____

	2016 Information	2017 Information
Child support received but do not include foster care or adoption payments	_____	_____

	2016 Information	2017 Information
Veterans noneducation benefits	_____	_____

	2016 Information	2017 Information
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____	_____

	2016 Information	2017 Information
Money received or paid on behalf of the student (For the student's worksheet only)	_____	_____

	Control Totals	
--	----------------	--

Federal Student Aid Application Information #2

This FAFSA information is for the:  Preparer use only

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts \_\_\_\_\_

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence \_\_\_\_\_

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms \_\_\_\_\_

	2016 Information	2017 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____	_____

	2016 Information	2017 Information
Taxable earnings from need-based employment programs	_____	_____

	2016 Information	2017 Information
Student grant and scholarship aid included in adjusted gross income	_____	_____

	2016 Information	2017 Information
Earnings from work under a cooperative education program offered by a college	_____	_____

	2016 Information	2017 Information
Child support received but do not include foster care or adoption payments	_____	_____

	2016 Information	2017 Information
Veterans noneducation benefits	_____	_____

	2016 Information	2017 Information
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____	_____

	2016 Information	2017 Information
Money received or paid on behalf of the student (For the student's worksheet only)	_____	_____

NOTES/QUESTIONS:

	Control Totals	Form ID: FAFSA
--	----------------	----------------

T/S/J	2017 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
_____	_____	
_____	_____	
_____	_____	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
_____	_____	
_____	_____	
Prescription medicines and drugs:		
_____	_____	
_____	_____	
_____	_____	
Miles driven for medical items	_____	

Schedule A - Tax Expenses

T/S/J	2017 Information	Prior Year Information
State/local income taxes paid:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
2016 state and local income taxes paid in 2017:		
_____	_____	
_____	_____	
Real estate taxes paid:		
_____	_____	
_____	_____	
Personal property taxes:		
_____	_____	
Other taxes, such as: foreign taxes and State disability taxes		
_____	_____	
_____	_____	
Sales tax paid on major purchases:		
_____	_____	
_____	_____	
Sales tax paid on actual expenses:		
_____	_____	
_____	_____	
_____	_____	

## Interest Expenses

T/S/J	2017 Interest Paid	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home	3 = Used to pay off previous mortgage, excess proceeds invested
1 = Not used to buy, build, improve home or investment	4 = Taken out before 7/1/82 and secured by home used by taxpayer
2 = Used to pay off previous mortgage	

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2017 Information	Prior Year Information

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

—	Payer's/Borrower's name	_____
	Street Address	_____
	City/State/Zip code	_____
Refinancing Points paid in 2017 -		
	Taxpayer/Spouse/Joint (T, S, J)	—
	Recipient/Lender name	_____
	Total points paid at time of refinance	_____
	Percentage of principal exceeding original mortgage (For AMT adjustment)	_____
	Points deemed as paid in 2017 (Preparer use only)	_____
	Date of refinance	_____
	Term of new loan (in months)	—
	Reported on Form 1098 in 2017	—
	Taxpayer/Spouse/Joint (T, S, J)	—
	Recipient/Lender name	_____
	Total points paid at time of refinance	_____
	Percentage of principal exceeding original mortgage (For AMT adjustment)	_____
	Points deemed as paid in 2017 (Preparer use only)	_____
	Date of refinance	_____
	Term of new loan (in months)	—
	Reported on Form 1098 in 2017	—

T/S/J	2017 Information
Investment interest expense, other than on Schedule(s) K-1:	

## Charitable Contributions

T/S/J		Qualified Disaster Relief**	2017 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)			
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
—	_____	—	_____	_____
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	Volunteer miles driven		_____	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
—	_____		_____	_____
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	_____		_____	

\*\*Mark if qualifying disaster relief contribution made between 8/23/2017 and 12/31/2017

## Miscellaneous Deductions

T/S/J			2017 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
—	_____		_____	_____
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	Union dues, other than amounts reported on Form W-2:			
—	_____		_____	
—	_____		_____	
—	Tax preparation fees		_____	
—	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	Safe deposit box rental		_____	
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
—	_____		_____	
—	_____		_____	
—	Other expenses, not subject to the 2% AGI limit:			
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	Gambling losses: (Enter only if you have gambling income)			
—	_____		_____	
—	_____		_____	

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2017 Information	Prior Year Information
Description of loan/property _____		
Taxpayer/Spouse/Joint (T, S, J) _____	—	
Loan origination date _____		
Fair market value of home _____		
Number of months loan was outstanding in 2017, if not 12 _____	—	—
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	—	—
Principal paid in 2017 _____		
Interest paid during 2017 _____		
Points reported on Form 1098 for 2017 _____		
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____		
Recipient SSN or EIN _____		
Recipient address _____		
Recipient city, state, zip code _____		
Grandfather debt as of 12/31/16 (or first day mortgage was outstanding) _____		
Grandfather debt as of 12/31/17 (or last day mortgage was outstanding) _____		
Home acquisition/improvement debt as of 12/31/16 (or first day mortgage was outstanding) _____		
Home acquisition/improvement debt as of 12/31/17 (or last day mortgage was outstanding) _____		
Home equity debt as of 12/31/16 (or first day mortgage was outstanding) _____		
Home equity debt as of 12/31/17 (or last day mortgage was outstanding) _____		
Average balance in 2017 of grandfather debt _____		
Average balance in 2017 of home acquisition/improvement debt _____		
Average balance for 2017 all types of debt _____		

NOTES/QUESTIONS:





Preparer use only  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Occupation in which expenses were incurred \_\_\_\_\_  
 State postal code \_\_\_\_\_

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

	2017 Information	Prior Year Information
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	—	—
Was another vehicle available for personal use? (Y, N)	—	—
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	—	—

Vehicle Information

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 4 -	Date placed in service	_____
	Description	_____
	Comments	_____

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____		_____		_____		_____	
Business mileage	_____		_____		_____		_____	
Average daily round trip commuting mileage	_____		_____		_____		_____	
Total commuting mileage	_____		_____		_____		_____	
Gasoline	_____		_____		_____		_____	
Oil	_____		_____		_____		_____	
Repairs	_____		_____		_____		_____	
Maintenance	_____		_____		_____		_____	
Tires	_____		_____		_____		_____	
Car washes	_____		_____		_____		_____	
Insurance	_____		_____		_____		_____	
Interest	_____		_____		_____		_____	
Registration	_____		_____		_____		_____	
Licenses	_____		_____		_____		_____	
Property taxes (Plates, tags, etc)	_____		_____		_____		_____	
Vehicle rentals	_____		_____		_____		_____	
Inclusion amt (Preparer only)	_____		_____		_____		_____	
Other vehicle expenses	_____		_____		_____		_____	
Value of employer provided vehicle	_____		_____		_____		_____	
Depreciation	_____		_____		_____		_____	

### Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	—
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	—
If other:	_____

	<b>Control Totals</b>	
--	-----------------------	--

### Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	—
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	—
If other:	_____

	<b>Control Totals</b>	
--	-----------------------	--

### Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	—
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	—
If other:	_____

	<b>Control Totals</b>	
--	-----------------------	--

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) \_\_\_\_\_

Donee's name \_\_\_\_\_

State postal code \_\_\_\_\_

Date of contribution (Box 1) \_\_\_\_\_

Odometer mileage (Box 2a) \_\_\_\_\_

Year of vehicle (Box 2b) \_\_\_\_\_

Make of vehicle (Box 2c) \_\_\_\_\_

Model of vehicle (Box 2d) \_\_\_\_\_

Vehicle or other identification number (Box 3) \_\_\_\_\_

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) \_\_\_\_\_

Date of sale (Box 4b) \_\_\_\_\_

Gross proceeds from sale (Box 4c) \_\_\_\_\_

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) \_\_\_\_\_

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) \_\_\_\_\_

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes  No

Value of goods and services provided in exchange for the vehicle (Box 6b) \_\_\_\_\_

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) \_\_\_\_\_

Description of goods and services (Box 6c) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)

Other Information for Donated Property

Overall physical condition of property \_\_\_\_\_

Date property was acquired by donor \_\_\_\_\_

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value on date of contribution \_\_\_\_\_

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

Bargain sale amount received \_\_\_\_\_

Donee's address, and ZIP code \_\_\_\_\_

\_\_\_\_\_

Donee's telephone number \_\_\_\_\_

\_\_\_\_\_

NOTES/QUESTIONS:

Preparer use only

Occurrence description
Taxpayer/Spouse/Joint (T, S, J)
State postal code
Date of casualty or theft

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A
Description of casualty or theft - Property B
Description of casualty or theft - Property C
Description of casualty or theft - Property D

Table with 4 columns (A, B, C, D) and rows for Property type, Date acquired, Cost or other basis of property, Insurance or other reimbursement, Fair market value before casualty, Fair market value after casualty.

Business/Income Use Replacement Information

Description of replacement property A
Description of replacement property B
Description of replacement property C
Description of replacement property D

Table with 4 columns (A, B, C, D) and rows for Mark if property was acquired from a related party, Date acquired, Cost of replacement property.

NOTES/QUESTIONS:

Preparer use only

Occurrence description \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Date of casualty or theft \_\_\_\_\_  
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government \_\_\_\_\_

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A \_\_\_\_\_  
 Description of casualty or theft - Property B \_\_\_\_\_  
 Description of casualty or theft - Property C \_\_\_\_\_  
 Description of casualty or theft - Property D \_\_\_\_\_

	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_  
 Description of replacement property B \_\_\_\_\_  
 Description of replacement property C \_\_\_\_\_  
 Description of replacement property D \_\_\_\_\_

	A	B	C	D
Mark if property was acquired from a related party	_____	_____	_____	_____
Date acquired	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Occurrence description \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Date of casualty or theft \_\_\_\_\_

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A \_\_\_\_\_  
 Description of casualty or theft - Property B \_\_\_\_\_  
 Description of casualty or theft - Property C \_\_\_\_\_  
 Description of casualty or theft - Property D \_\_\_\_\_

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	—	—	—	—
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Current Year Business/Income Use Replacement Information

Description of replacement property A \_\_\_\_\_  
 Description of replacement property B \_\_\_\_\_  
 Description of replacement property C \_\_\_\_\_  
 Description of replacement property D \_\_\_\_\_

	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____
Postponed gain	_____	_____	_____	_____
Adjusted basis of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Occurrence description \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Date of casualty or theft \_\_\_\_\_  
 Damage to personal residence from corrosive drywall \_\_\_\_\_  
 Amount paid to repair damage to home or household appliances \_\_\_\_\_  
 25% loss available from 2016 \_\_\_\_\_

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A \_\_\_\_\_  
 Description of casualty or theft - Property B \_\_\_\_\_  
 Description of casualty or theft - Property C \_\_\_\_\_  
 Description of casualty or theft - Property D \_\_\_\_\_

	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Principal residence exclusion taken	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_  
 Description of replacement property B \_\_\_\_\_  
 Description of replacement property C \_\_\_\_\_  
 Description of replacement property D \_\_\_\_\_

	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____
Postponed gain	_____	_____	_____	_____
Adjusted basis of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

		Preparer use only
Principal business or profession _____		
Taxpayer/Spouse/Joint (T, S, J) _____		
State postal code _____		

**Business Use of Home**

	2017 Information	Prior Year Information
Total area of home	_____	_____
Area used exclusively for business	_____	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	
Total hours used this year, if less than 8760	_____	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	
Area used partly for day-care business	_____	

List as direct expenses any expenses which are attributable only to the business part of your home.  
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2017 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	_____	_____	_____
Mortgage insurance premiums	_____	_____	
Real estate taxes:	_____	_____	
Excess mortgage interest and insurance premiums	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

NOTES/QUESTIONS:



If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession \_\_\_\_\_

Vehicles

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 4 -	Date placed in service	_____
	Description	_____
	Comments	_____

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Was another vehicle available for personal use? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Do you have evidence to support your deduction? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Is this evidence written? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Commuting miles	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Business miles	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Parking fees	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Tolls	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Gasoline	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Oil	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Repairs	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Maintenance	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Tires	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Car washes	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Insurance	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Interest	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Registration	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Licenses	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Property taxes	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Other vehicle expenses	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Vehicle rentals	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Inclusion amt (Preparer only)	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Depreciation	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.  
Please provide all copies of Form(s) 1095-B and/or 1095-C

2017 Information

Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) \_\_\_\_\_

--

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/Exemption Type *	Full Year	Start Month	End Month
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—

\*Other Exemption Type Codes

- A = Unaffordable coverage
- B = Short coverage gap
- C = Exempt noncitizen
- D = Health care sharing ministry
- E = Indian tribe member
- F = Incarcerated individual
- G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
- H = Medicaid/TRICARE/Fiscal year employer plan
- X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

2017 Information

Prior Year Information

	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)	_____	_____	
_____	_____	_____	
Self-employed long-term care premiums: (Not entered elsewhere)	_____	_____	
_____	_____	_____	
_____	_____	_____	

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_  
 Marketplace identifier (Box 1) \_\_\_\_\_  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_  
 Policy issuer's name (Box 3) \_\_\_\_\_  
 Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

Control Totals

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_  
 Marketplace identifier (Box 1) \_\_\_\_\_  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_  
 Policy issuer's name (Box 3) \_\_\_\_\_  
 Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

Control Totals

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of Trustee	_____	
State postal code	_____	
Indicate type of health or medical savings account:		
HSA	—	
Archer MSA	—	
MA (Medicare Advantage) MSA	—	
Total HSA/MSA contributions made	_____	
for 2017 (Enter all amounts contributed, including through employer cafeteria plans)	_____	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	—	
Number of months in qualified high deductible health plan in 2017	_____	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	—	
Total HSA/MSA contribution to be made for 2017	_____	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	_____	
Excess contributions for 2016 taken as constructive contributions for 2017	_____	
Rollover contribution (Form 5498-SA, Box 4)	_____	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	_____	
Enter compensation from employer maintaining high deductible health plan	_____	
If self-employed, enter earned income from business under which plan was established	_____	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2017? (Y, N) \_\_\_\_\_

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of Trustee \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) \_\_\_\_\_

Earnings on excess contributions (Box 2) \_\_\_\_\_

Distribution code (Box 3) \_\_\_\_\_

Fair Market Value on date of death (Box 4) \_\_\_\_\_

Box 5 -

    HSA \_\_\_\_\_

    Archer MSA \_\_\_\_\_

    MA MSA \_\_\_\_\_

All distributions were used to pay unreimbursed qualified medical expenses \_\_\_\_\_

If some distributions were used to pay for other than qualified medical expenses,  
enter the unreimbursed qualified medical expenses for 2017 \_\_\_\_\_

Withdrawal of excess contributions by the due date of the return \_\_\_\_\_

Amount of distribution rolled over for 2017 \_\_\_\_\_

If the distribution is due to the death of the account holder,  
enter the qualified decedent medical expenses paid by the taxpayer \_\_\_\_\_

If MA (Medicare Advantage) MSA, enter value of account on 12/31/16 \_\_\_\_\_

For HSA accounts:

Was the high deductible health plan coverage started in 2016 and  
in effect for the month of December 2016? (Y, N) \_\_\_\_\_

Was the high deductible health plan coverage ended before 12/31/17? (Y, N) \_\_\_\_\_

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2017 Information

Prior Year Information

Name of the insured chronically ill individual \_\_\_\_\_

Social security number of insured \_\_\_\_\_

Gross long-term care (LTC) benefits paid (Box 1) \_\_\_\_\_

Accelerated death benefits paid (Box 2) \_\_\_\_\_

Check one (Box 3)

    Per diem \_\_\_\_\_

    Reimbursed amount \_\_\_\_\_

Qualified contract (Box 4) \_\_\_\_\_

Check, if applicable (Box 5)

    Chronically ill \_\_\_\_\_

    Terminally ill \_\_\_\_\_

Are there other individuals who received LTC payments during 2017? (Y, N) \_\_\_\_\_

If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) \_\_\_\_\_

Number of days during the long-term care period \_\_\_\_\_

Cost incurred for qualified long-term care services during the  
long-term care period \_\_\_\_\_

NOTES/QUESTIONS:

### ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Payer name	_____	
State postal code	_____	
Recipient's Social Security Number	_____	
Recipient's Name	_____	
Gross distribution (Form 1099-QA Box 1)	_____	_____
Earnings (Form 1099-QA Box 2)	_____	_____
Basis (Form 1099-QA Box 3)	_____	_____
Program-to-program transfer (Form 1099-QA Box 4)	_____	_____
Check if ABLE account terminated in 2017 (Form 1099-QA Box 5)	_____	_____
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	_____
Qualified disability expenses	_____	_____
Amount of rollover	_____	_____
Amount contributed in 2017 (Form 5498-QA Box 1)	_____	_____
Value of account on 12/31/17 (Form 5498-QA Box 4)	_____	_____

Control Totals

### ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Payer name	_____	
State postal code	_____	
Recipient's Social Security Number	_____	
Recipient's Name	_____	
Gross distribution (Form 1099-QA Box 1)	_____	_____
Earnings (Form 1099-QA Box 2)	_____	_____
Basis (Form 1099-QA Box 3)	_____	_____
Program-to-program transfer (Form 1099-QA Box 4)	_____	_____
Check if ABLE account terminated in 2017 (Form 1099-QA Box 5)	_____	_____
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	_____
Qualified disability expenses	_____	_____
Amount of rollover	_____	_____
Amount contributed in 2017 (Form 5498-QA Box 1)	_____	_____
Value of account on 12/31/17 (Form 5498-QA Box 4)	_____	_____

Control Totals

NOTES/QUESTIONS:

### Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2017.

	2017 Information	Spouse	Prior Year Information
	Taxpayer		
Total cash and charge tips under \$20 per month and not reported to employer			

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2017	Total tips reported in 2017
Taxpayer information	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

### Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(\*\*Please refer to Reason Codes located at the bottom)

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
Spouse information	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____

**\*\* Reason Codes**

- A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
- C = I received other correspondence from the IRS that states I am an employee.
- G = I filed Form SS-8 with the IRS and have not received a reply.
- H = I received a Form W-2 and a Form 1099-MISC from this firm for 2017. The amount on Form 1099-MISC should have been included as wages on Form W-2.

	Taxpayer		Spouse
State postal code	_____		_____

	Taxpayer		Spouse		Prior Year Information
If you received a parsonage provided by the church, please complete the following information:					
Fair rental value of parsonage provided by church	_____		_____		_____
Actual parsonage utilities expense	_____		_____		_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:					
Utilities allowance,					
if separate from parsonage allowance	_____		_____		_____
Actual parsonage expense	_____		_____		_____
Fair rental value of home	_____		_____		_____
Actual utilities expense	_____		_____		_____
Mark if you have claimed exemption from self-employment tax					
by filing Form 4361 with the IRS	_____		_____		
If you are a self-employed minister, enter any tax-deductible					
contributions to a 403(b) retirement plan	_____		_____		_____

NOTES/QUESTIONS:



Enter parent's information for children under age 19 on 1/1/18 or a full-time student under age 24 with unearned income of more than \$2,100.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) \_\_\_\_\_

Parent's first name \_\_\_\_\_

Parent's last name \_\_\_\_\_

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

### All Other Children's Information

Enter information for each child with unearned income of more than \$2,100.

Preparer - Enter on Screen 8615Sib

Child #1 social security number \_\_\_\_\_

Child #1 first name \_\_\_\_\_

Child #1 last name \_\_\_\_\_

Child #1 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #3 social security number \_\_\_\_\_

Child #3 first name \_\_\_\_\_

Child #3 last name \_\_\_\_\_

Child #3 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #5 social security number \_\_\_\_\_

Child #5 first name \_\_\_\_\_

Child #5 last name \_\_\_\_\_

Child #5 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #7 social security number \_\_\_\_\_

Child #7 first name \_\_\_\_\_

Child #7 last name \_\_\_\_\_

Child #7 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #9 social security number \_\_\_\_\_

Child #9 first name \_\_\_\_\_

Child #9 last name \_\_\_\_\_

Child #9 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #11 social security number \_\_\_\_\_

Child #11 first name \_\_\_\_\_

Child #11 last name \_\_\_\_\_

Child #11 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #2 social security number \_\_\_\_\_

Child #2 first name \_\_\_\_\_

Child #2 last name \_\_\_\_\_

Child #2 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #4 social security number \_\_\_\_\_

Child #4 first name \_\_\_\_\_

Child #4 last name \_\_\_\_\_

Child #4 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #6 social security number \_\_\_\_\_

Child #6 first name \_\_\_\_\_

Child #6 last name \_\_\_\_\_

Child #6 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #8 social security number \_\_\_\_\_

Child #8 first name \_\_\_\_\_

Child #8 last name \_\_\_\_\_

Child #8 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #10 social security number \_\_\_\_\_

Child #10 first name \_\_\_\_\_

Child #10 last name \_\_\_\_\_

Child #10 date of birth (mm/dd/yyyy) \_\_\_\_\_

Child #12 social security number \_\_\_\_\_

Child #12 first name \_\_\_\_\_

Child #12 last name \_\_\_\_\_

Child #12 date of birth (mm/dd/yyyy) \_\_\_\_\_

NOTES/QUESTIONS:

### Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.  
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number \_\_\_\_\_  
 Child's date of birth \_\_\_\_\_  
 Child's name \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Type Code (**See codes below)	Payer	Interest Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

### Children's Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting child's dividend income.

Type Code (** See codes below)		Ordinary Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer										
	Amounts										
2	Payer										
	Amounts										
3	Payer										
	Amounts										
4	Payer										
	Amounts										
5	Payer										
	Amounts										
6	Payer										
	Amounts										

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:	2017 Information	Prior Year Information
_____	_____	_____
_____	_____	_____

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_

Total cash wages subject to social security taxes \_\_\_\_\_  
 Total cash wages subject to Medicare taxes \_\_\_\_\_  
 Total cash wages subject to Additional Medicare Tax withholding \_\_\_\_\_  
 Federal income tax withheld \_\_\_\_\_  
 State disability plan social security & Medicare withheld \_\_\_\_\_

Did you:  
 (A) pay any household employee cash wages of \$2000 or more in 2017? (Y, N) \_\_\_\_\_  
 (B) withhold Federal income tax for any household employee? (Y, N) \_\_\_\_\_  
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2016 or 2017? (Y, N) \_\_\_\_\_

### Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.  
 Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable  
 as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax \_\_\_\_\_

State #1 information  
 State postal code where you have to pay unemployment contributions \* \_\_\_\_\_  
 State reporting number as shown on state unemployment tax return \_\_\_\_\_  
 Taxable wages (as defined in state act) \_\_\_\_\_  
 State experience rate period:  
 From \_\_\_\_\_  
 To \_\_\_\_\_  
 State experience rate (xxx.xx) \_\_\_\_\_  
 Contributions paid to state unemployment fund \* \_\_\_\_\_  
 Contributions for 2017 paid after 04/17/18 \_\_\_\_\_

State #2 information  
 State postal code where you have to pay unemployment contributions \_\_\_\_\_  
 State reporting number as shown on state unemployment tax return \_\_\_\_\_  
 Taxable wages (as defined in state act) \_\_\_\_\_  
 State experience rate period:  
 From \_\_\_\_\_  
 To \_\_\_\_\_  
 State experience rate (xxx.xx) \_\_\_\_\_  
 Contributions paid to state unemployment fund \_\_\_\_\_  
 Contributions for 2017 paid after 04/17/18 \_\_\_\_\_

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, and the home is no longer used as your main residence, you may have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) \_\_\_\_\_

Purchase price of the home \_\_\_\_\_

Date the home was sold or ceased being used as principal residence \_\_\_\_\_

If you sold your home, enter the selling price \_\_\_\_\_

If you sold your home, enter the expense of sale \_\_\_\_\_

Were you and your spouse married on the purchase date? (Y, N) \_\_\_\_\_

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name \_\_\_\_\_

If you own the principal residence with another person enter their name and allocation percentage \_\_\_\_\_

Other owner name \_\_\_\_\_

Allocation percentage \_\_\_\_\_

NOTES/QUESTIONS:

Please enter all amounts paid in 2017 for the care of one or more dependents which enables you to work or attend school.  
 Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2016 employer-provided dependent care benefits used during 2017 grace period	_____	_____
Employer-provided dependent care benefits that were forfeited in 2017	_____	_____
Total qualified expenses incurred in 2017	_____	_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)	_____	_____

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2017 \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2017 \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2017 \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2017 \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2017 \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2017, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2017

\_\_\_\_\_

\_\_\_\_\_

Taxable disability income received in 2017

\_\_\_\_\_

\_\_\_\_\_

NOTES/QUESTIONS:

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Were the costs incurred made to your main home located in the United States? (Y, N) \_\_\_\_\_

Were the costs incurred related to the construction of your main home located in the United States? (Y, N) \_\_\_\_\_

Enter the total amount of costs for insulation material or system to reduce heat loss or gain \_\_\_\_\_

Enter the total amount of costs for exterior windows \_\_\_\_\_

Enter the total amount of costs for exterior doors \_\_\_\_\_

Enter the total amount of costs for qualified metal roofs \_\_\_\_\_

Enter the total amount of costs for energy-efficient building property \_\_\_\_\_

Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers \_\_\_\_\_

Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace \_\_\_\_\_

Enter the total amount of costs for qualified solar electric property \_\_\_\_\_

Enter the total amount of costs for qualified solar water heating property \_\_\_\_\_

Enter the total amount of costs for qualified small wind energy property \_\_\_\_\_

Enter the total amount of costs for qualified geothermal heat pump property \_\_\_\_\_

Enter the total amount of costs for qualified fuel cell property \_\_\_\_\_

Enter the total amount of kilowatt capacity of the qualified fuel cell property \_\_\_\_\_

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2017.

Preparer use only

Description \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Category of income\* \_\_\_\_\_  
 Description of income \_\_\_\_\_

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

Country code \_\_\_\_\_  
 Country name \_\_\_\_\_

	Regular	AMT, if different
Foreign gross income	_____	_____
Definitely related expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Foreign source losses	_____	_____

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:  
 Date paid or accrued \_\_\_\_\_  
 In foreign currency - taxes withheld on:  
 Dividends \_\_\_\_\_  
 Rents & royalties \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Other foreign taxes \_\_\_\_\_  
 In US dollars - taxes withheld on:  
 Dividends \_\_\_\_\_  
 Rents & Royalties \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Other foreign taxes \_\_\_\_\_

NOTES/QUESTIONS:



Complete this form if you paid qualified adoption expenses in 2017. Indicate if the adoption was final in or before 2017.  
 Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.  
 Please provide copies of legal documents approving the adoption.

	Child 1	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '00 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2016 for this child	_____	_____	_____
Employer-provided benefits received in 2016 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Adoption final in (1 = '17, 2 = Pre '17)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '00 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2016 for this child	_____	_____	_____
Employer-provided benefits received in 2016 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Adoption final in (1 = '17, 2 = Pre '17)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTES/QUESTIONS:

\*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
<b>Nontaxable use of gasoline -</b>			
Off-highway business use		\$0.183	_____
Use on a farm		0.183	_____
Other nontaxable use	___	0.183	_____
Exported		0.184	_____
<b>Nontaxable use of aviation gasoline -</b>			
Commercial aviation		0.15	_____
Other nontaxable use	___	0.193	_____
Exported		0.194	_____
Leaking underground storage tank (LUST) tax		0.001	_____
<b>Nontaxable use of undyed diesel fuel -</b>			
Explanation of evidence of dyes:			
_____			
_____			
Other nontaxable use	___	0.243	_____
Use on a farm		0.243	_____
Trains		0.243	_____
Intercity / local bus		0.17	_____
Exported		0.244	_____
<b>Nontaxable use of undyed kerosene (other than aviation) -</b>			
Explanation of evidence of dyes:			
_____			
_____			
Other nontaxable use	___	0.243	_____
Use on a farm		0.243	_____
Intercity / local buses		0.17	_____
Exported		0.244	_____
Other nontaxable use taxed at \$.044	___	0.043	_____
Other nontaxable use taxed at \$.219	___	0.218	_____
<b>Kerosene used in aviation -</b>			
Kerosene taxed at \$.244		0.200	_____
Kerosene taxed at \$.219		0.175	_____
Other nontaxable use taxed at \$.244	___	0.243	_____
Other nontaxable use taxed at \$.219/.044	___	0.218	_____
Leaking underground storage tank (LUST) tax		0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

\*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel - Registration Number _____ Explanation of evidence of dyes: _____ _____		
State / local government	0.243	_____
Intercity / local buses	0.17	_____
Sales by registered ultimate vendors of undyed kerosene - Registration Number _____ Explanation of evidence of dyes: _____ _____		
Use by state/local government	0.243	_____
Sales from a blocked pump	0.243	_____
Intercity / local buses	0.17	_____
Sales by registered ultimate vendors of kerosene in aviation - Registration Number _____ Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	_____
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	_____
Nonexempt use in noncommercial aviation	0.025	_____
Other nontaxable uses taxed at \$.244 _____	0.243	_____
Other nontaxable uses taxed at \$.219/.044 _____	0.218	_____
Leaking underground storage tank (LUST) tax	0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

\*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquefied petroleum gas (LPG)	_____	0.183	_____
"P Series" fuels	_____	0.183	_____
Compressed natural gas (CNG)	_____	0.183	_____
Liquefied hydrogen	_____	0.183	_____
Any liquid fuel derived from coal through the Fischer-Tropsch process	_____	0.243	_____
Liquid hydrocarbons derived from biomass	_____	0.243	_____
Liquefied natural gas (LNG)	_____	0.243	_____
Liquefied gas derived from biomass	_____	0.183	_____
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number	_____		_____
Liquefied hydrogen		0.50	_____
Registered credit card users -			
Registration Number	_____		_____
Diesel for state / local government		0.243	_____
Kerosene for state / local government		0.243	_____
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	_____
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	_____	0.197	_____
Exported		0.198	_____
Diesel-water fuel emulsion blending -			
Registration Number	_____		_____
Blender credit		0.046	_____
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	_____
Exported dyed kerosene		0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Instructions Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.	Indefinite Carryovers	2016 to 2017 Amounts
	Excess section 179 for Sch A	_____
	Excess section 179 for Sch A - AMT	_____
	Minimum tax credit	_____
	Investment interest	_____
	Investment interest - AMT	_____
	Short-term capital loss	_____
	Short-term capital loss - AMT	_____
	Long-term capital loss	_____
	Long-term capital loss - AMT	_____
Residential energy credit	_____	
D.C. first-time homebuyer credit	_____	
Tax credit bonds	_____	

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					_____	_____
2007					_____	_____
2008					_____	_____
2009					_____	_____
2010					_____	_____
2011					_____	_____
2012	_____	_____	_____	_____	_____	_____
2013	_____	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____	_____

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					_____	_____
2007					_____	_____
2008					_____	_____
2009					_____	_____
2010					_____	_____
2011					_____	_____
2012	_____	_____	_____	_____	_____	_____
2013	_____	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____	_____

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2012	_____	_____
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____

Description

A	_____
B	_____
C	_____
D	_____

Prior C/O Year	A	B	C	D
1998	_____	_____	_____	_____
1999	_____	_____	_____	_____
2000	_____	_____	_____	_____
2001	_____	_____	_____	_____
2002	_____	_____	_____	_____
2003	_____	_____	_____	_____
2004	_____	_____	_____	_____
2005	_____	_____	_____	_____
2006	_____	_____	_____	_____
2007	_____	_____	_____	_____
2008	_____	_____	_____	_____
2009	_____	_____	_____	_____
2010	_____	_____	_____	_____
2011	_____	_____	_____	_____
2012	_____	_____	_____	_____
2013	_____	_____	_____	_____
2014	_____	_____	_____	_____
2015	_____	_____	_____	_____
2016	_____	_____	_____	_____

NOTES/QUESTIONS:

Schedule F - Farm income/-loss:

2016 \_\_\_\_\_  
2015 \_\_\_\_\_  
2014 \_\_\_\_\_  
2013 \_\_\_\_\_  
2012 \_\_\_\_\_

Schedule C - Farm commodity processing income/-loss:

2016 \_\_\_\_\_  
2015 \_\_\_\_\_  
2014 \_\_\_\_\_  
2013 \_\_\_\_\_  
2012 \_\_\_\_\_

Schedule E - Partnership/S corporation farm income/-loss:

2016 \_\_\_\_\_  
2015 \_\_\_\_\_  
2014 \_\_\_\_\_  
2013 \_\_\_\_\_  
2012 \_\_\_\_\_

Form 4835 - Farm rent income/-loss:

2016 \_\_\_\_\_  
2015 \_\_\_\_\_  
2014 \_\_\_\_\_  
2013 \_\_\_\_\_  
2012 \_\_\_\_\_

Gain/-loss on sale of farming property:

2016 \_\_\_\_\_  
2015 \_\_\_\_\_  
2014 \_\_\_\_\_  
2013 \_\_\_\_\_  
2012 \_\_\_\_\_

AMT Gain/-loss on sale of farming property:

2016 \_\_\_\_\_  
2015 \_\_\_\_\_  
2014 \_\_\_\_\_  
2013 \_\_\_\_\_  
2012 \_\_\_\_\_

AMT Adjustments/Preferences to farm income/-loss:

2016 \_\_\_\_\_  
2015 \_\_\_\_\_  
2014 \_\_\_\_\_  
2013 \_\_\_\_\_  
2012 \_\_\_\_\_

NOTES/QUESTIONS:

Prior C/O Year	Net Operating Loss	AMT NOL
1998	_____	_____
1999	_____	_____
2000	_____	_____
2001	_____	_____
2002	_____	_____
2003	_____	_____
2004	_____	_____
2005	_____	_____
2006	_____	_____
2007	_____	_____
2008	_____	_____
2009	_____	_____
2010	_____	_____
2011	_____	_____
2012	_____	_____
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____

NOTES/QUESTIONS: