



# CHANDLER & KNOWLES

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CPAs, PLLC

## Engagement Letter

Thank you for selecting Chandler & Knowles CPAs, PLLC to assist you with preparation of your tax returns. The enclosed Organizer is provided for your convenience. When you submit your tax information to us you acknowledge and agree to the following terms and conditions for our services.

We will prepare your Federal Income Tax Return(s) for the year beginning with December 31, 2019. It is your responsibility to provide us with all of the information necessary to complete your tax return. In that regard you affirm that, to the best of your knowledge and belief:

You have provided true, correct and complete information regarding your income as listed on the included forms and/or written summaries. You will retain for four years all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on your return.

You have provided us true, correct and complete information regarding amounts you claimed as tax deductions and have maintained written documentation supporting all amounts, including log books and receipts. You understand that taxing authorities may examine the returns, that documentation should be retained to support the information provided to us, especially business travel and entertainment deductions, business use % of autos and other assets, barter activities, and the required documents to support all charitable contributions, and that penalties may be imposed on returns that are late, underpaid or incorrect.

We will not audit or otherwise verify any information. We may require clarification or additional information. We are not responsible for disallowed deductions, or for the inclusion of additional unreported income or any resulting taxes, penalties or interest.

We may observe opportunities for tax savings that require planning or changes in the way you handle some transactions. While an engagement for tax return preparation does not include significant tax planning services, we will share any ideas we have with you and discuss terms for any additional work that may be required to implement those ideas.

Our fees for preparing your return(s) will be based on the time required at our standard rates for such services. Consequently, your retainer is not necessarily equal to that fee. In the event that the preparation fee is more than your retainer, the resulting balance must be paid prior to the release of your return.

At least 50% payment of the estimate retainer is required in order to begin your tax preparation. Final payment is due when the return is complete and the invoice is submitted to you. Late charges may be added to past due amounts in accordance with state law.

Your return may be selected for examination by state or federal tax agencies. In that event, we will be available to assist you in defending and explaining the return. That service is not part of our engagement to prepare your return(s) and would be subject to a separate agreement for services.

You will contact us immediately if you discover additional information that will lead to a change in your return, or if you receive any letters from the IRS, state or local taxing authorities. Our policy is to put all tax advice in writing and that you will not rely upon any unwritten advice because it may be tentative, incomplete, or not fully reviewed.

We will use our educated judgment to resolve questions in your favor where a tax law is unclear or if there is a reasonable justification for doing so. Whenever we are aware that a possible applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return(s). We will follow whatever position you request, as long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

**RECORD RETENTION**

In accordance with our firm's current document retention policy we will retain our work papers and your tax returns for your engagement for seven years. We will provide you a copy of the depreciation schedule(s) and tax return(s) and other pertinent work papers that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard reproductions fees. All of your original records will be returned to you. After seven years, our work papers and files will no longer be available. The working papers and files of our firm are not a substitute for the original records of your company.

It is agreed and understood that in connection with the performance of this engagement by Chandler & Knowles CPAs, PLLC that the work papers prepared by us shall remain the property of Chandler & Knowles CPAs, PLLC.

**ATTORNEY FEES**

If any disputes arise among the parties, they agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Commercial Mediation Rules. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Commercial Arbitration Rules of the AAA.

Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES, EACH OF US IS GIVING UP THE RIGHT TO HAVE A DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

We appreciate the opportunity to serve you and look forward to a continuing, mutually satisfying relationship.

Very truly yours,

Chandler & Knowles CPAs, PLLC.

Tax Payer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If applicable)

**Chandler & Knowles CPAs**  
**Client Questionnaire**

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
If you have dependents who must file a tax return, do you need our assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive tip income not reported to your employer this year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	p	p
Do you expect a large fluctuation in income, deductions, or withholding next year?	p	p

### Retirement Information

Are you an active participant in a pension or retirement plan?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	p	p
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p

### Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year.	p	p
Did you have pay college tuition during the year on behalf of yourself, your spouse, or a dependent?	p	p
Did anyone in your family receive a scholarship of any kind during the year?	p	p
Did you make any withdrawals from an education savings or 529 Plan account?	p	p
Did you pay any student loan interest this year?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
Did you make any contributions to an education savings or 529 Plan account?	p	p

### Health Care Information

Did you have qualifying health care coverage for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	p	p
If you had qualifying health care coverage for your family, was everyone covered for every month of 2017? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	p	p
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA? Please note: An HSA is different from a flex spending account.	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you pay long-term care premiums for yourself or your family? If yes, include the amounts paid for each person.	p	p
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
If you are a business owner, did you pay health insurance premiums for your employees this year?	p	p

### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	p	p
If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.		
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
If yes, please include receipts.		

**Miscellaneous Information**

Did you make gifts of more than \$14,000 to any individual?	p	p
Did you utilize an area of your home for business purposes?	p	p
Did you engage in any bartering transactions?	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a job change?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	p	p
Do you have signature authority over any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	p	p
Did you receive correspondence from the State or the IRS?	p	p
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	p	p
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	p	p

### Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	<b>Taxpayer</b>		<b>Spouse</b>
Social security number	_____ [4]		_____ [5]
First name	_____ [6]		_____ [7]
Last name	_____ [8]		_____ [9]
Occupation	_____ [10]		_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]		_____ [14]
Mark if dependent of another taxpayer	_____ [15]		_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]		
Mark if legally blind	_____ [20]		_____ [21]
Date of birth	_____ [22]		_____ [24]
Date of death	_____ [26]		_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]		_____ [30] _____ [31]
Home/evening telephone number	_____ [32]		_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]		

### Present Mailing Address

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 Foreign phone number \_\_\_\_\_ [47]  
 In care of addressee \_\_\_\_\_ [48]

### Dependent Information

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

First Name <sup>[49]</sup>	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 \_\_\_\_\_ [50]  
 Social security number of qualifying person \_\_\_\_\_ [51]

**Dependent Codes**

<p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul>	<p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul>
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) [8]

Taxpayer email address [9]

Spouse email address [10]

Taxpayer

Spouse

Fax telephone number [11] [19]

Mobile telephone number [12] [20]

Mobile telephone #2 number [13] [21]

Pager number [14] [22]

Other: [15] [23]

Telephone number [16] [24]

Extension [17] [25]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 [18] [26]

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.  [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]

Name of financial institution \_\_\_\_\_ [4]

Your account number \_\_\_\_\_ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [8]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [25]

Name of financial institution \_\_\_\_\_ [26]

Your account number \_\_\_\_\_ [27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [30]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [31]

Name of financial institution \_\_\_\_\_ [32]

Your account number \_\_\_\_\_ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [36]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*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 \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

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 \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]

Owner's name (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]

Mark if the name listed above is a beneficiary  [42]

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 \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]

Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]

Mark if the name listed above is a beneficiary  [47]



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 \_\_\_\_\_[1]

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

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 \_\_\_\_\_[9]

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) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

**NOTES/QUESTIONS:**

**Taxpayer -**

Form of identification (1 = Driver's license, 2 = State issued identification card) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [2]  
Issue date \_\_\_\_\_ [3]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]  
Location of issuance (State issued only) \_\_\_\_\_ [5]  
Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification (1 = Driver's license, 2 = State issued identification card) \_\_\_\_\_ [7]  
Identification number \_\_\_\_\_ [8]  
Issue date \_\_\_\_\_ [9]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [10]  
Location of issuance (State issued only) \_\_\_\_\_ [11]  
Document number (New York only) \_\_\_\_\_ [12]

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**NOTES/QUESTIONS:**

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

Refunded \_\_\_\_\_ [52]

Applied to 2018 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2018 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2018? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2018 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2018? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2017 Federal Estimated Tax Payments**

2016 overpayment applied to 2017 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

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	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/17	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/17	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/16/18	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

**\*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:**





Wages and Salaries #1

Please provide all copies of Form W-2.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) [1]
Employer name [3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) [5]
Mark if this is your current employer [6]
Federal wages and salaries (Box 1) + [10]
Federal tax withheld (Box 2) + [12]
Social security wages (Box 3) (If different than federal wages) + [14]
Social security tax withheld (Box 4) + [16]
Medicare wages (Box 5) (If different than federal wages) + [18]
Medicare tax withheld (Box 6) + [21]
SS tips (Box 7) + [23]
Allocated tips (Box 8) + [25]
Dependent care benefits (Box 10) + [27]
Box 13 - Statutory employee [29]
Retirement plan [30]
Third-party sick pay [31]
State postal code (Box 15) [32]
State wages (Box 16) (If different than federal wages) + [34]
State tax withheld (Box 17) + [36]
Local wages (Box 18) + [38]
Local tax withheld (Box 19) + [40]
Name of locality (Box 20) [43]

Grid for Prior Year Information with 11 rows of dotted patterns.

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) [1]
Employer name [3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) [5]
Mark if this your current employer [6]
Federal wages and salaries (Box 1) + [10]
Federal tax withheld (Box 2) + [12]
Social security wages (Box 3) (If different than federal wages) + [14]
Social security tax withheld (Box 4) + [16]
Medicare wages (Box 5) (If different than federal wages) + [18]
Medicare tax withheld (Box 6) + [21]
SS tips (Box 7) + [23]
Allocated tips (Box 8) + [25]
Dependent care benefits (Box 10) + [27]
Box 13 - Statutory employee [29]
Retirement plan [30]
Third-party sick pay [31]
State postal code (Box 15) [32]
State wages (Box 16) (If different than federal wages) + [34]
State tax withheld (Box 17) + [36]
Local wages (Box 18) + [38]
Local tax withheld (Box 19) + [40]
Name of locality (Box 20) [43]

Grid for Prior Year Information with 11 rows of dotted patterns.

Control Totals +

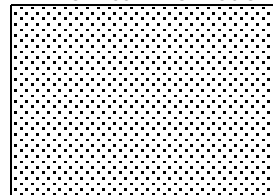
### Seller Financed Mortgage Interest Income

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

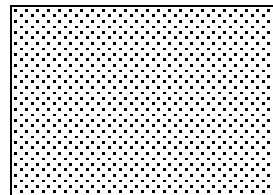
#### 2017 Information

#### Prior Year Information

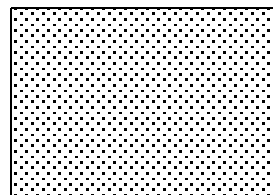
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2017 + \_\_\_\_\_ [1]



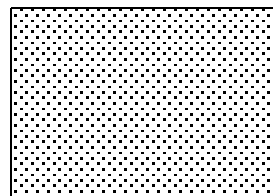
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2017 + \_\_\_\_\_ [1]



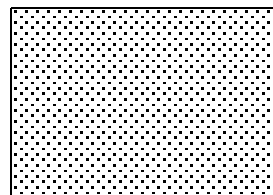
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2017 + \_\_\_\_\_ [1]



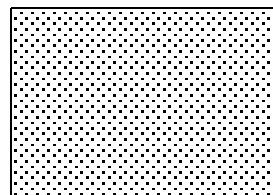
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2017 + \_\_\_\_\_ [1]



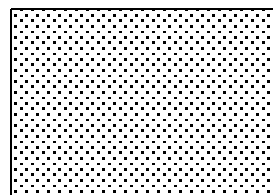
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2017 + \_\_\_\_\_ [1]



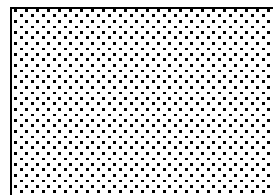
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Payer's name \_\_\_\_\_  
 Payer's street address \_\_\_\_\_  
 Payer's city, state, zip code \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2017 + \_\_\_\_\_ [1]



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 + \_\_\_\_\_ [1]



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 + \_\_\_\_\_ [1]









	2017 Information		+	Prior Year Information	
	Taxpayer	Spouse		Taxpayer	Spouse
State and local income tax refunds				[1]	
Alimony received				[3]	[4]
Unemployment compensation				[8]	[9]
Unemployment compensation federal withholding				[8]	[9]
Unemployment compensation state withholding				[8]	[9]
Unemployment compensation repaid				[11]	[12]
Alaska Permanent Fund dividends				[17]	[18]

T/S/J	Self-Employment Income? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2017 Information	Prior Year Information
			[14]	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
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—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	

NOTES/QUESTIONS:

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

Taxpayer/Spouse (T/S) [3]  
State [4]

Foreign Employer Identification (ID) number [1]  
Foreign Employer Name [2]  
Foreign Employer Address  
Foreign street address [6]  
Foreign city [7]  
Foreign country code/name [8] [9]  
Foreign province/county [10]  
Foreign postal code [11]  
Name "in care of" [12]

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 [13]  
City, state, zip code [14] [15] [16]  
Foreign country code/name [17] [18]  
Foreign province/county [19]  
Foreign postal code [20]

Income

Foreign employer compensation 2017 Information [22] Prior Year Information

NOTES/QUESTIONS:

### Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
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)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2017	+ _____ [5]	+ _____ [6]
	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2017	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2018 for use in 2017	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2017:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

### Roth IRA

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	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2017	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2017	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2016	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2017	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2016	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2017:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

**Preparer use only**

- Business activity or profession name \_\_\_\_\_ [3]
- Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]
- State postal code \_\_\_\_\_ [5]
- Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]
- Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]
- Enter the total amount of contributions made to a Keogh plan in 2017 + \_\_\_\_\_ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2017 + \_\_\_\_\_ [9]
- Enter the total amount of contributions made to a SEP plan in 2017 + \_\_\_\_\_ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2017 + \_\_\_\_\_ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2017 + \_\_\_\_\_ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2017 + \_\_\_\_\_ [13]
- Enter the total amount of contributions made to a money purchase plan in 2017 + \_\_\_\_\_ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2017 + \_\_\_\_\_ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2017 + \_\_\_\_\_ [16]

**Catch-up Contributions**

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2017 + \_\_\_\_\_ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2017 + \_\_\_\_\_ [18]

**Elective Deferrals**

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2017 + \_\_\_\_\_ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2017 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**

Preparer use only

2017 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Business name \_\_\_\_\_ [5]  
 Principal business/profession \_\_\_\_\_ [6]  
 Business code \_\_\_\_\_ [12]  
 Business address, if different from home address on Organizer Form ID: 1040  
 Address \_\_\_\_\_ [15]  
 City/State/Zip \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [19]  
 If other: \_\_\_\_\_ [21]  
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_ [22]  
 If other enter explanation: \_\_\_\_\_ [24]  
 \_\_\_\_\_ [24]  
 Enter an explanation if there was a change in determining your inventory: \_\_\_\_\_ [25]  
 \_\_\_\_\_ [25]  
 Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [26]  
 If not, number of hours you did significantly participate \_\_\_\_\_ [28]  
 Mark if you began or acquired this business in 2017 \_\_\_\_\_ [30]  
 Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [31]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [33]  
 Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [35]  
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [37]  
 Medical insurance premiums paid by this activity + \_\_\_\_\_ [41]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [45]  
 Amount of wages received as a statutory employee + \_\_\_\_\_ [48]

Prior Year Information

[Grid area for prior year information]

Business Income

2017 Information

Prior Year Information

Gross receipts and sales  
 \_\_\_\_\_ + \_\_\_\_\_ [53]  
 \_\_\_\_\_ + \_\_\_\_\_ [53]  
 \_\_\_\_\_ + \_\_\_\_\_ [53]  
 \_\_\_\_\_ + \_\_\_\_\_ [53]  
 Returns and allowances + \_\_\_\_\_ [56]  
 Other income:  
 \_\_\_\_\_ + \_\_\_\_\_ [58]  
 \_\_\_\_\_ + \_\_\_\_\_ [58]  
 \_\_\_\_\_ + \_\_\_\_\_ [58]  
 \_\_\_\_\_ + \_\_\_\_\_ [58]

Prior Year Information

[Grid area for prior year information]

Cost of Goods Sold

2017 Information

Prior Year Information

Beginning inventory + \_\_\_\_\_ [60]  
 Purchases + \_\_\_\_\_ [62]  
 Labor:  
 \_\_\_\_\_ + \_\_\_\_\_ [64]  
 \_\_\_\_\_ + \_\_\_\_\_ [64]  
 Materials + \_\_\_\_\_ [66]  
 Other costs:  
 \_\_\_\_\_ + \_\_\_\_\_ [68]  
 \_\_\_\_\_ + \_\_\_\_\_ [68]  
 \_\_\_\_\_ + \_\_\_\_\_ [68]  
 \_\_\_\_\_ + \_\_\_\_\_ [68]  
 Ending inventory + \_\_\_\_\_ [70]

Prior Year Information

[Grid area for prior year information]

Control Totals +

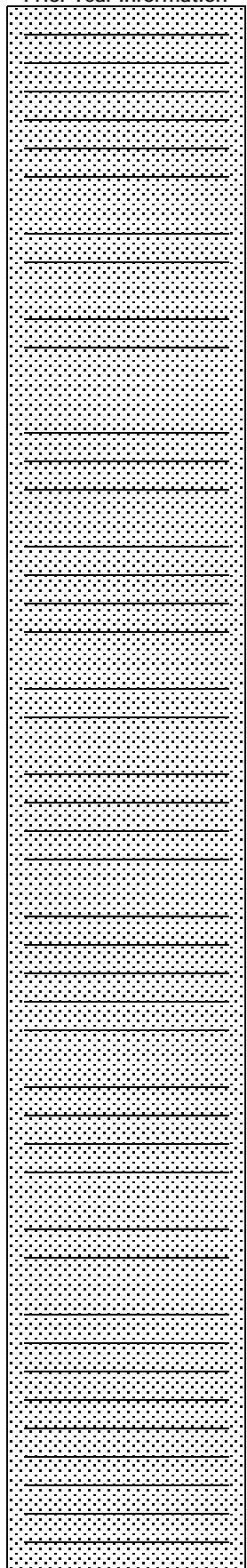
**Preparer use only**

Principal business or profession \_\_\_\_\_

**2017 Information**

**Prior Year Information**

Advertising	+ _____	[6]
Car and truck expenses	+ _____	[8]
Commissions and fees	+ _____	[10]
Contract labor	+ _____	[12]
Depletion	+ _____	[14]
Depreciation	+ _____	[16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____	[18]
_____	+ _____	
Insurance (Other than health):		
_____	+ _____	[20]
_____	+ _____	
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____	[22]
_____	+ _____	
_____	+ _____	
Other:		
_____	+ _____	[24]
_____	+ _____	
Legal and professional services	+ _____	[26]
Office expense	+ _____	[29]
Pension and profit sharing:		
_____	+ _____	[31]
_____	+ _____	
Rent or lease:		
Vehicles, machinery, and equipment	+ _____	[33]
Other business property	+ _____	[35]
Repairs and maintenance	+ _____	[37]
Supplies	+ _____	[39]
Taxes and licenses:		
_____	+ _____	[41]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Travel, meals, and entertainment:		
Travel	+ _____	[43]
Meals and entertainment	+ _____	[45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____	[47]
Utilities	+ _____	[51]
Wages (Less employment credit):		
_____	+ _____	[53]
_____	+ _____	
Other expenses:		
_____	+ _____	[55]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	



Control Totals +

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

Preparer use only Carryovers	Regular		AMT	
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/loss	+	[22]	+	[23]
Section 179	+	[24]	+	[25]

NOTES/QUESTIONS:



Preparer use only

	2017 Information	Prior Year Information	
Description _____	[2]		
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____		[5]
Physical address: Street _____	[6]		
City, state, zip code _____ [7] ___[8]	[9]		
Foreign country _____	[11]		
Foreign province/county _____	[12]		
Foreign postal code _____	[13]		
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) _____	[14]		
Description of other type (Type code #8) _____	[15]		
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N) _____	[16]		
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

**Rent and Royalty Income**

Rents and royalties	2017 Information	Prior Year Information
_____ + _____	[34]	
_____	_____	

**Rent and Royalty Expenses**

	2017 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[36]	_____ [37]	
Auto + _____	[39]	_____ [40]	
Travel + _____	[42]	_____ [43]	
Cleaning and maintenance + _____	[45]	_____ [46]	
Commissions: _____ + _____	[48]	_____ [50]	
_____ + _____			
Insurance: _____ + _____	[51]	_____ [53]	
_____ + _____			
Legal and professional fees + _____	[55]	_____ [56]	
Management fees: _____ + _____	[58]	_____ [60]	
_____ + _____			
Mortgage interest paid to banks, etc (Form 1098) _____ + _____	[61]	_____ [63]	
_____ + _____			
Other mortgage interest + _____	[64]	_____ [66]	
Qualified mortgage insurance premiums + _____	[67]	_____ [68]	
Other interest: _____ + _____	[70]	_____ [72]	
_____ + _____			
Repairs + _____	[73]	_____ [74]	
Supplies + _____	[76]	_____ [77]	
Taxes: _____ + _____	[79]	_____ [81]	
_____ + _____			
Utilities + _____	[82]	_____ [83]	
Depreciation + _____	[85]	_____ [86]	
Depletion + _____	[88]	_____ [89]	
Other expenses: _____ + _____	[91]	_____ [91]	
_____ + _____			
_____ + _____			

Control Totals +

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

**Refinancing Points**

Preparer - Enter on Screen Rent

2017 Information

Prior Year Information

**Refinancing points paid -**

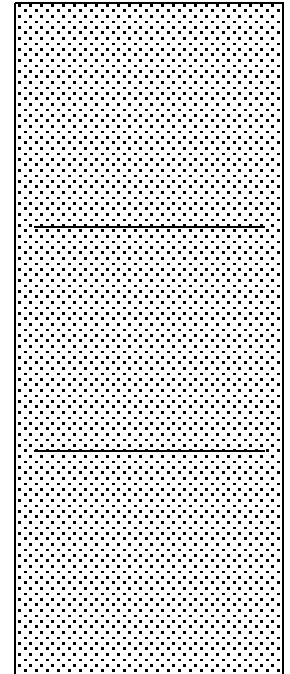
Recipient's/Lender's name \_\_\_\_\_ [93]  
Date of refinance \_\_\_\_\_  
Total # Payments \_\_\_\_\_  
Reported on 1098 in 2017 \_\_\_\_\_  
Total points paid \_\_\_\_\_  
Points deemed as paid in current year (Preparer use only) \_\_\_\_\_

**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) \_\_\_\_\_

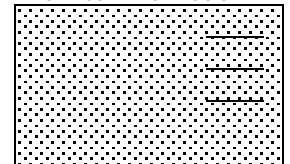


**Vacation Home Information**

2017 Information

Prior Year Information

Number of days home was used personally \_\_\_\_\_ [6]  
Number of days home was rented \_\_\_\_\_ [8]  
Number of day home owned, if not 365 \_\_\_\_\_ [10]  
Carryover of disallowed operating expenses into 2017 + \_\_\_\_\_ [20]  
Carryover of disallowed depreciation expenses into 2017 + \_\_\_\_\_ [21]



**Passive and Other Information**

Preparer use only Carryovers	Regular		AMT
Operating	+	[29]	+
Short-term capital	+	[31]	+
Long-term capital	+	[33]	+
28% rate capital	+	[35]	+
Section 1231 loss	+	[37]	+
Ordinary business gain/loss	+	[39]	+
Comm revitalization	+	[41]	+
Section 179	+	[43]	+
			[30]
			[32]
			[34]
			[36]
			[38]
			[40]
			[42]
			[46]

Please provide all Forms 1099-K

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [22]	
Long-term care premiums paid by this activity	+ _____ [26]	

**Schedule F Income**

Sales Code**	Income description	2017 Information	Prior Year Information
—	_____	+ _____ [36]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** 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)	+ _____ [38]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [44]	
Total cooperative distributions you received	+ _____ [46]	
Taxable cooperative distributions you received	+ _____ [48]	

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments	_____	+ _____ [51]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2017 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [53]	
Commodity credit loans reported under election:	_____ [55]	
_____	+ _____	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [57]	
Taxable commodity credit loans forfeited	+ _____ [59]	

	2017 Total	2017 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2017	_____	+ _____ [62]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2018		_____ [64]	
Crop insurance proceeds deferred from 2016		+ _____ [66]	

**Control Totals +**

Preparer use only

Description

	2017 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	
Chemicals	+ _____ [7]	
Conservation expenses	+ _____ [9]	
Carryover from prior years	+ _____ [11]	
Custom hire (machine work)	+ _____ [13]	
Depreciation	+ _____ [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	
Feed purchased	+ _____ [19]	
Fertilizers and lime	+ _____ [21]	
Freight and trucking	+ _____ [23]	
Gasoline, fuel, and oil	+ _____ [25]	
Insurance (Other than health)	+ _____ [28]	
_____	+ _____	
_____	+ _____	
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Other interest	+ _____ [32]	
Labor hired (Less employment credit)	+ _____ [34]	
Pension and profit sharing	+ _____ [36]	
Rent - vehicles, machinery, and equipment	+ _____ [38]	
Rent - other	+ _____ [40]	
Repairs and maintenance	+ _____ [42]	
Seed and plants purchased	+ _____ [44]	
Storage and warehousing	+ _____ [46]	
Supplies purchased	+ _____ [48]	
Taxes:	+ _____ [50]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [52]	
Veterinary, breeding, and medicine	+ _____ [54]	
Other expenses:	+ _____ [56]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [58]	

Preparer use only

Description

Preparer use only Carryovers	Regular		AMT	
Operating	+	[13]	+	[14]
Short-term capital	+	[15]	+	[16]
Long-term capital	+	[17]	+	[18]
28% rate capital	+	[19]	+	[20]
Section 1231 loss	+	[21]	+	[22]
Ordinary business gain/loss	+	[23]	+	[24]
Section 179	+	[25]	+	[26]
Excess farm loss	+	[29]	+	[30]

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	___[2]	
Employer identification number _____	___[3]	
Description _____	___[4]	
State postal code _____	___[5]	
Did you "actively participate" in the operation of this business this year? (Y, N) _____	___[6]	

**Income Items**

	2017 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____ + _____	[16]	
_____ + _____	[17]	
_____ + _____	[18]	
_____ + _____	[19]	
_____ + _____	[20]	
Total cooperative distributions you received _____	[18]	
Taxable cooperative distributions you received _____	[20]	

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments:			
_____ + _____	[22]	[23]	
_____ + _____	[24]	[25]	
_____ + _____	[26]	[27]	

	2017 Information	Prior Year Information
Commodity credit loans reported under election:		
_____ + _____	[25]	
_____ + _____	[26]	
Total commodity credit loans forfeited _____	[27]	
Taxable commodity credit loans forfeited _____	[29]	

	2017 Total	2017 Taxable	Prior Year Information
Crop insurance proceeds you received in 2017:			
_____ + _____	[31]	[32]	
_____ + _____	[33]	[34]	
_____ + _____	[35]	[36]	

	2017 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2018 _____	[34]	
Crop insurance proceeds deferred from 2016 _____	[36]	
Other income:		
_____ + _____	[39]	
_____ + _____	[40]	
_____ + _____	[41]	
_____ + _____	[42]	
_____ + _____	[43]	
_____ + _____	[44]	
_____ + _____	[45]	
_____ + _____	[46]	
_____ + _____	[47]	
_____ + _____	[48]	
_____ + _____	[49]	
_____ + _____	[50]	
_____ + _____	[51]	
_____ + _____	[52]	
_____ + _____	[53]	
_____ + _____	[54]	
_____ + _____	[55]	
_____ + _____	[56]	
_____ + _____	[57]	
_____ + _____	[58]	
_____ + _____	[59]	
_____ + _____	[60]	

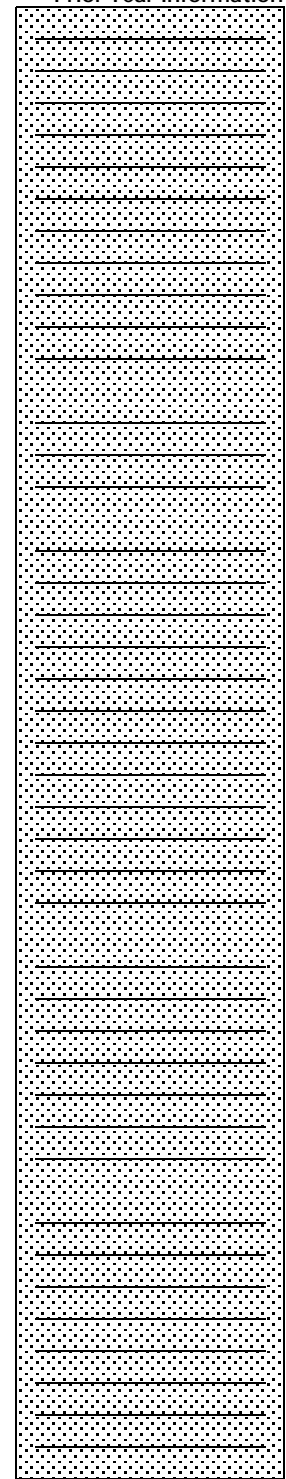
Preparer use only

Description

2017 Information

Prior Year Information

Car and truck expenses	+ _____	[6]
Chemicals	+ _____	[8]
Conservation expenses	+ _____	[10]
Carryover from prior years	+ _____	[12]
Custom hire (machine work)	+ _____	[14]
Depreciation	+ _____	[16]
Employee benefit programs	+ _____	[18]
Feed purchased	+ _____	[20]
Fertilizers and lime	+ _____	[22]
Freight and trucking	+ _____	[24]
Gasoline, fuel, and oil	+ _____	[26]
Insurance (Other than health):		
_____	+ _____	[28]
_____	+ _____	
_____	+ _____	
Mortgage interest (Paid to banks, etc.):		
_____	+ _____	[30]
_____	+ _____	
_____	+ _____	
Other interest	+ _____	[33]
Labor hired (Less employment credit)	+ _____	[35]
Pension and profit sharing	+ _____	[37]
Rent - vehicles, machinery, and equipment	+ _____	[39]
Rent - other	+ _____	[41]
Repairs and maintenance	+ _____	[43]
Seed and plants purchased	+ _____	[45]
Storage and warehousing	+ _____	[47]
Supplies purchased	+ _____	[49]
Taxes:		
_____	+ _____	[51]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____	[53]
Veterinary, breeding, and medicine	+ _____	[55]
Other expenses:		
_____	+ _____	[57]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____	[59]



Preparer use only Carryovers	Regular	AMT
Operating	+ [68]	+ [69]
Short-term capital	+ [70]	+ [71]
Long-term capital	+ [72]	+ [73]
28% rate capital	+ [74]	+ [75]
Section 1231 loss	+ [76]	+ [77]
Ordinary business gain/loss	+ [78]	+ [79]
Section 179	+ [80]	+ [81]
Excess farm loss	+ [84]	+ [85]

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[19]
	<b>Taxpayer</b>	<b>Spouse</b>
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[28]
Total current year payments received	+ _____	[29]

### Form 6252 - Related Party Installment Sale Information

Related party name	_____	[30]
Address	_____	[31]
City, State and Zip	_____ [32] [33]	[34]
Identifying number of related party	_____	[35]
Was the property sold as a marketable security? (Y, N)	_____	[36]
Enter date of second sale if more than 2 years after the first sale	_____	[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[38]
Selling price of property sold by a related party	+ _____	[40]

### NOTES/QUESTIONS:



Preparer use only

	2017 Information	Prior Year Information
Description _____	[3]	[REDACTED]
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	

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

Prior Year Installment Sale

Preparer use only

	2017 Information	Prior Year Information
Description _____	[3]	[REDACTED]
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	

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

NOTES/QUESTIONS:

### Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S)  [1] State postal code  [3]  
 Foreign street address  [4] City   
 State/Province  Country code   
 Country  Postal code   
 Employer's name  [2]  
 U.S. address  [5] City   
 State postal code  Zip code   
 Foreign street address  [6] 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)  [7] If other, specify type  [8]  
 Country of citizenship  [11]  
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:  
 City/Country  [12] Days   
 City/Country  Days   
 List tax home(s) during the tax year and dates established:  
 Tax home  [13] 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: [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign days worked before and after foreign assignment  [17] Total days worked before and after foreign assignment  [18]  
 Total number of days worked during year (defaults to 240)  [19]

### Bona Fide Residence Test

Date foreign residence began  [21] Date foreign residence ended  [22]  
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer)  [23]  
 If any family members lived abroad with you during any part of tax year, list who and for what period:  
 Relationship  Period abroad  [24]  
 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  [25]  
 Mark if required to pay income tax to that country  [26]  
 List any contractual terms or other conditions relating to length of employment abroad  [27]  
 \_\_\_\_\_ [27]  
 Type of visa used to enter foreign country  [28]  
 Explanation if visa limited length of stay or employment  [29]  
 \_\_\_\_\_ [29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:  
 Address  [30] City   
 State postal code  Zip code   
 Rented  Occupant  Relationship   
 Address  [30] City   
 State postal code  Zip code   
 Rented  Occupant  Relationship

### Physical Presence Test

Principal country of employment  [31]

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
Noncash income:		
Home (lodging) _____	[10] ___[11]	+ _____ [12]
Meals _____	[13] ___[14]	+ _____ [15]
Car _____	[16] ___[17]	+ _____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	___[19]	+ _____ [20] + _____ + _____ + _____ + _____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	___[21]	+ _____ [22]
Family _____	___[23]	+ _____ [24]
Education _____	___[25]	+ _____ [26]
Home leave _____	___[27]	+ _____ [28]
Quarters _____	___[29]	+ _____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	___[31]	+ _____ [32] + _____ + _____ + _____ + _____
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	___[33]	+ _____ [34] + _____ + _____ + _____ + _____
Excludable meals and lodging under section 119 _____		+ _____ [35]

**\*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 _____	___[36]	+ _____ [37]

**Housing Exclusion/Deduction**

Qualified housing expense \_\_\_\_\_ + \_\_\_\_\_ [47]

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2017 Information	Prior Year Information
			+ _____ [1]	
Address			+ _____	
Address			+ _____	
Address			+ _____	

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [3]	+ _____ [4]	
	+ _____	+ _____	
Other adjustments:	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

NOTES/QUESTIONS:

### Student Loan Interest Paid

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
—	_____	+ _____ [1]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

## Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

### Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	2017 Information	
Amount contributed in current year	+ _____	[14]
Basis of this account at 12/31/16	+ _____	[17]
Value of this account at 12/31/17	+ _____	[19]
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____	[24]

Prior Year Information

### Payments from Qualified Education Programs

	2017 Information	
Gross distribution <b>(Box 1)</b>	+ _____	[30]
Earnings <b>(Box 2)</b>	+ _____	[32]
Basis <b>(Box 3)</b>	+ _____	[34]
Trustee-to-trustee rollover <b>(Box 4)</b>	_____	[36]
Trustee-to-trustee rollover amount if different than Box 1	+ _____	[37]
<b>Box 5 -</b>		
Private QTP	_____	[39]
State QTP	_____	[40]
Coverdell ESA	_____	[41]
Check if the recipient is not the designated beneficiary <b>(Box 6)</b>	_____	[42]
Qualified education expenses	+ _____	[43]
Elementary and secondary education expenses	+ _____	[45]

Prior Year Information

**NOTES/QUESTIONS:**

### 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.			
[2]		_____ + _____ [3]	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
[5]		Volunteer miles driven _____ [6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]		_____ + _____ [9]	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	
—		_____ + _____	

\*\*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			
[11]	_____ + _____ [12]		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
Union dues, other than amounts reported on Form W-2:			
[14]	_____ + _____ [15]		
—	_____ + _____		
[17]	Tax preparation fees _____ + _____ [18]		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
[20]	_____ + _____ [21]		
—	_____ + _____		
—	_____ + _____		
[23]	Safe deposit box rental _____ + _____ [24]		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
[26]	_____ + _____ [27]		
—	_____ + _____		
—	_____ + _____		
Other expenses, not subject to the 2% AGI limit:			
[30]	_____ + _____ [31]		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
Gambling losses: (Enter only if you have gambling income)			
[33]	_____ + _____ [34]		
—	_____ + _____		

Control Totals +



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	
Description of loan/property _____		[2]
Taxpayer/Spouse/Joint (T, S, J) _____		[3]
Loan origination date _____		[4]
Fair market value of home + _____		[5]
Number of months loan was outstanding in 2017, if not 12 _____		[7]
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>		[9]
Principal paid in 2017 + _____		[11]
Interest paid during 2017 + _____		[13]
Points reported on Form 1098 for 2017 + _____		[15]
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____		[18]
Recipient SSN or EIN _____		[19]
Recipient address _____		[20]
Recipient city, state, zip code _____ [21] _____ [22] _____		[23]
Grandfather debt as of 12/31/16 (or first day mortgage was outstanding) + _____		[24]
Grandfather debt as of 12/31/17 (or last day mortgage was outstanding) + _____		[26]
Home acquisition/improvement debt as of 12/31/16 (or first day mortgage was outstanding) + _____		[28]
Home acquisition/improvement debt as of 12/31/17 (or last day mortgage was outstanding) + _____		[30]
Home equity debt as of 12/31/16 (or first day mortgage was outstanding) + _____		[32]
Home equity debt as of 12/31/17 (or last day mortgage was outstanding) + _____		[34]
Average balance in 2017 of grandfather debt + _____		[37]
Average balance in 2017 of home acquisition/improvement debt + _____		[39]
Average balance for 2017 all types of debt + _____		[41]

**Prior Year Information**

**NOTES/QUESTIONS:**

Preparer use only

	2017 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	_____[2]		
Occupation in which expenses were incurred _____	_____[3]		
State postal code _____	_____[5]		
If the employee expenses were from an occupation listed below, enter the applicable code _____	_____[6]		
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official			
Mark if these employee expenses are related to qualified services as a minister or religious worker _____	_____[10]		
Parking fees and tolls + _____	_____[17]		
Local transportation + _____	_____[19]		
Travel expenses + _____	_____[22]		
Other business expenses:	_____[25]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
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_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Nonvehicle depreciation	+ _____[28]		
Meals and entertainment	+ _____[31]		
Meals for individuals subject to DOT hours of service limitation	+ _____[33]		

**Employer Reimbursements**

Enter Reimbursements not entered on Screen W2, Box 12, Code L

	2017 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+ _____[60]	
Reimbursements for meals and entertainment not included on Form W-2	+ _____[62]	
Reimbursements for meals for DOT service limitation not included on Form W-2	+ _____[64]	

**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [2]  
 Occupation in which expenses were incurred \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]

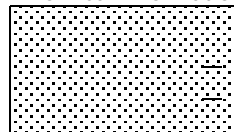
**Vehicle Questions**

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

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) \_\_\_\_\_ [5]  
 Was another vehicle available for personal use? (Y, N) \_\_\_\_\_ [7]  
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) \_\_\_\_\_ [9]

2017 Information

Prior Year Information



**Vehicle Information**

Vehicle 1 - Date placed in service \_\_\_\_\_ [11]  
 Description \_\_\_\_\_ [12]  
 Comments \_\_\_\_\_  
 Vehicle 2 - Date placed in service \_\_\_\_\_ [62]  
 Description \_\_\_\_\_ [63]  
 Comments \_\_\_\_\_  
 Vehicle 3 - Date placed in service \_\_\_\_\_ [109]  
 Description \_\_\_\_\_ [110]  
 Comments \_\_\_\_\_  
 Vehicle 4 - Date placed in service \_\_\_\_\_ [156]  
 Description \_\_\_\_\_ [157]  
 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	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

### 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) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

Control Totals +

### 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) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

Control Totals +

### 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) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

Control Totals +

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) \_\_\_\_\_ [1]

Donee's name \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [3]

Date of contribution (Box 1) \_\_\_\_\_ [9]

Odometer mileage (Box 2a) \_\_\_\_\_ [10]

Year of vehicle (Box 2b) \_\_\_\_\_ [11]

Make of vehicle (Box 2c) \_\_\_\_\_ [12]

Model of vehicle (Box 2d) \_\_\_\_\_ [13]

Vehicle or other identification number (Box 3) \_\_\_\_\_ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) \_\_\_\_\_ [15]

Date of sale (Box 4b) \_\_\_\_\_ [16]

Gross proceeds from sale (Box 4c) + \_\_\_\_\_ [17]

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) \_\_\_\_\_ [18]

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) \_\_\_\_\_ [19]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) \_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes \_\_\_ [21] No \_\_\_ [22]

Value of goods and services provided in exchange for the vehicle (Box 6b) + \_\_\_\_\_ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) \_\_\_\_\_ [24]

Description of goods and services (Box 6c) \_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) \_\_\_\_\_ [26]

Other Information for Donated Property

Overall physical condition of property \_\_\_\_\_ [31]

Date property was acquired by donor \_\_\_\_\_ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [33]

Donor's cost or basis + \_\_\_\_\_ [34]

Fair market value on date of contribution + \_\_\_\_\_ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [36]

If other: \_\_\_\_\_ [37]

Bargain sale amount received \_\_\_\_\_ [38]

Donee's address, and ZIP code \_\_\_\_\_ [42]

\_\_\_\_\_ [43] \_\_\_\_\_ [44] \_\_\_\_\_ [45]

Donee's telephone number \_\_\_\_\_ [46]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2017 Information	Prior Year Information								
Total area of home	_____ [14]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____
_____										
_____										
_____										
_____										
_____										
_____										
_____										
_____										
Area used exclusively for business	_____ [16]									
Information for day-care facilities only:										
Total hours used for day-care during this year	_____ [18]									
Total hours used this year, if less than 8760	_____ [20]									
Special computation for certain day-care facilities:										
Area used regularly and exclusively for day-care business	_____ [22]									
Area used partly for day-care business	_____ [24]									

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:	+ _____ [29]	+ _____ [31]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Mortgage insurance premiums	+ _____ [34]	+ _____ [35]																					
Real estate taxes:	+ _____ [37]	+ _____ [39]																					
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]																					
Insurance	+ _____ [45]	+ _____ [47]																					
Rent	+ _____ [51]	+ _____ [52]																					
Repairs & maintenance	+ _____ [54]	+ _____ [55]																					
Utilities	+ _____ [57]	+ _____ [58]																					
Other expenses, such as: Supplies & Security system	+ _____ [60]	+ _____ [61]																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
Excess casualty losses		+ _____ [63]																					
Carryovers:																							
Operating expenses		+ _____ [64]																					
Casualty losses		+ _____ [65]																					
Depreciation		+ _____ [67]																					
Business expenses not from business use of home, such as:																							
Travel, Supplies, Business telephone expenses		+ _____ [68]																					
Depreciation		+ _____ [72]																					

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	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)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

**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	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

"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) \_\_\_ [1]

Shaded box for Prior Year Information

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.

Table with 8 columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type \*, Full Year, Start Month, End Month. Includes a [7] indicator at the end of the End Month column.

\*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)

Form with fields for Taxpayer and Spouse for self-employed health insurance premiums, including a [13] and [14] indicator.

Self-employed long-term care premiums: (Not entered elsewhere)

Form with fields for Taxpayer and Spouse for self-employed long-term care premiums, including a [16] and [17] indicator.

Shaded box for Prior Year Information

NOTES/QUESTIONS:



Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

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	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]		+ _____ [37]	+ _____ [50]	

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

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	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]		+ _____ [37]	+ _____ [50]	

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	[ ]
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2017 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2017	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2017	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2016 taken as constructive contributions for 2017	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

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

Amount of annual deductible	+ _____ [24]	[ ]
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2017? (Y, N) \_\_\_\_\_ [33]

**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) \_\_\_\_\_ [2]

Parent's first name \_\_\_\_\_ [3]

Parent's last name \_\_\_\_\_ [4]

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [5]

### 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 \_\_\_\_\_ [1]

Child #1 first name \_\_\_\_\_ [2]

Child #1 last name \_\_\_\_\_ [3]

Child #1 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #2 social security number \_\_\_\_\_ [1]

Child #2 first name \_\_\_\_\_ [2]

Child #2 last name \_\_\_\_\_ [3]

Child #2 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #3 social security number \_\_\_\_\_ [1]

Child #3 first name \_\_\_\_\_ [2]

Child #3 last name \_\_\_\_\_ [3]

Child #3 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #4 social security number \_\_\_\_\_ [1]

Child #4 first name \_\_\_\_\_ [2]

Child #4 last name \_\_\_\_\_ [3]

Child #4 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #5 social security number \_\_\_\_\_ [1]

Child #5 first name \_\_\_\_\_ [2]

Child #5 last name \_\_\_\_\_ [3]

Child #5 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #6 social security number \_\_\_\_\_ [1]

Child #6 first name \_\_\_\_\_ [2]

Child #6 last name \_\_\_\_\_ [3]

Child #6 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #7 social security number \_\_\_\_\_ [1]

Child #7 first name \_\_\_\_\_ [2]

Child #7 last name \_\_\_\_\_ [3]

Child #7 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #8 social security number \_\_\_\_\_ [1]

Child #8 first name \_\_\_\_\_ [2]

Child #8 last name \_\_\_\_\_ [3]

Child #8 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #9 social security number \_\_\_\_\_ [1]

Child #9 first name \_\_\_\_\_ [2]

Child #9 last name \_\_\_\_\_ [3]

Child #9 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #10 social security number \_\_\_\_\_ [1]

Child #10 first name \_\_\_\_\_ [2]

Child #10 last name \_\_\_\_\_ [3]

Child #10 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #11 social security number \_\_\_\_\_ [1]

Child #11 first name \_\_\_\_\_ [2]

Child #11 last name \_\_\_\_\_ [3]

Child #11 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #12 social security number \_\_\_\_\_ [1]

Child #12 first name \_\_\_\_\_ [2]

Child #12 last name \_\_\_\_\_ [3]

Child #12 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

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 \_\_\_\_\_ [1]  
 Child's date of birth \_\_\_\_\_ [2]  
 Child's name \_\_\_\_\_ [4]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

Type Code (**See codes below)	Payer		Interest Income [6]	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
—	_____	+	_____	_____	_____	_____	[Patterned Box]
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

**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)	1	Payer	Ordinary Dividends [8]	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 <sup>[10]</sup>	Prior Year Information
_____	+	_____	
_____	+	_____	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)	_____	[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Total cash wages subject to Additional Medicare Tax withholding	+ _____	[6]
Federal income tax withheld	+ _____	[7]
State disability plan social security & Medicare withheld	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$2000 or more in 2017? (Y, N)	_____	[9]
(B) withhold Federal income tax for any household employee? (Y, N)	_____	[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2016 or 2017? (Y, N)	_____	[11]

### 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	+ _____	[12]
State #1 information		
State postal code where you have to pay unemployment contributions *	_____	[14]
State reporting number as shown on state unemployment tax return	_____	[15]
Taxable wages (as defined in state act)	+ _____	[16]
State experience rate period:		
From	_____	[17]
To	_____	[18]
State experience rate (xxx.xx)	_____	[19]
Contributions paid to state unemployment fund *	+ _____	[20]
Contributions for 2017 paid after 04/17/18	+ _____	[21]
State #2 information		
State postal code where you have to pay unemployment contributions	_____	[22]
State reporting number as shown on state unemployment tax return	_____	[23]
Taxable wages (as defined in state act)	+ _____	[24]
State experience rate period:		
From	_____	[25]
To	_____	[26]
State experience rate (xxx.xx)	_____	[27]
Contributions paid to state unemployment fund	+ _____	[28]
Contributions for 2017 paid after 04/17/18	+ _____	[29]

### 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 \_\_\_\_\_ [1]

City/State/Zip code \_\_\_\_\_ [2] \_\_\_\_ [3] \_\_\_\_\_ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) \_\_\_\_\_ [5]

Purchase price of the home \_\_\_\_\_ [6]

Date the home was sold or ceased being used as principal residence \_\_\_\_\_ [13]

If you sold your home, enter the selling price \_\_\_\_\_ [14]

If you sold your home, enter the expense of sale \_\_\_\_\_ [15]

Were you and your spouse married on the purchase date? (Y, N) \_\_\_\_ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,  
enter his or her full name \_\_\_\_\_ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name \_\_\_\_\_ [22]

Allocation percentage \_\_\_\_\_

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**NOTES/QUESTIONS:**

### Child and Dependent Care Expenses

**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	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2017	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2017		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

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 \_\_\_\_\_ + \_\_\_\_\_ [7]

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 \_\_\_\_\_

**Control Totals +**

## 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	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2017	+ _____ [9]	+ _____ [10]

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)	_____	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	_____	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	_____	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

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**NOTES/QUESTIONS:**

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2017.

Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [9]  
 Category of income\* \_\_\_\_\_ [11]  
 Description of income \_\_\_\_\_ [12]

*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 \_\_\_\_\_ [19]  
 Country name \_\_\_\_\_ [20]

	Regular	AMT, if different
Foreign gross income	+ _____ [23]	+ _____ [24]
Definitely related expenses:		
_____	+ _____ [31]	+ _____ [32]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
Foreign source losses	+ _____ [45]	+ _____ [46]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:	
Date paid or accrued	_____ [47]
In foreign currency - taxes withheld on:	
Dividends	+ _____ [48]
Rents & royalties	+ _____ [49]
Interest	+ _____ [50]
Other foreign taxes	+ _____ [51]
In US dollars - taxes withheld on:	
Dividends	+ _____ [53]
Rents & Royalties	+ _____ [54]
Interest	+ _____ [55]
Other foreign taxes	+ _____ [56]

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 [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:

\_\_\_\_\_ [9]  
 \_\_\_\_\_ [10]  
 \_\_\_\_\_ [11]

**NOTES/QUESTIONS:**